



Board of Directors Meeting
Wednesday, 31st January 2024

9.45am – 12.15pm

To be held in the Oak Room, Ladybridge Hall, Bolton

AGENDA

Item No	Agenda Item	Time	Purpose	Lead
PATIENT STORY				
BOD/2324/112	Patient Story	09:45	Information	Deputy Chief Executive & Chief Operating Officer
INTRODUCTION				
BOD/2324/113	Apologies for Absence	10.00	Information	Chair
BOD/2324/114	Declarations of Interest	10.00	Decision	Chair
BOD/2324/115	Minutes of Previous Meeting held on 29 th November 2023	10:00	Decision	Chair
BOD/2324/116	Board Action Log	10:05	Assurance	Chair
BOD/2324/117	Committee Attendance	10:10	Information	Chair
BOD/2324/118	Register of Interest	10:10	Assurance	Chair
STRATEGY				
BOD/2324/119	Chairman & Non-Executive Directors Update	10:15	Information	Chair
BOD/2324/120	Chief Executive's Report	10:25	Assurance	Chief Executive
GOVERNANCE AND RISK MANAGEMENT				
BOD/2324/121	Board Assurance Framework Q3 2023/24	10:35	Decision	Director of Corporate Affairs
BOD/2324/122	Board Corporate Calendar 2024/25	10:45	Assurance	Director of Corporate Affairs
BOD/2324/123	Charitable Funds Committee Chairs Assurance Report from the meeting held on 17 th January 2024	10:55	Assurance	Mr D Rawsthorn, Non-Executive Director
BOD/2324/124	Audit Committee Chairs Assurance Report from the meeting held on 19 th January 2024	11:05	Assurance	Mr D Rawsthorn, Non-Executive Director
QUALITY AND PERFORMANCE				
BOD/2324/125	Integrated Performance Report	11:15	Assurance	Director of Quality, Innovation, and Improvement
BOD/2324/126	Learning from Deaths Q2 Report	11:25	Assurance	Medical Director
BOD/2324/127	Complaints Policy	11:35	Decision	Director of Corporate Affairs
BOD/2324/128	Quality and Performance Chairs Assurance Report from the meeting held on 27 th November 2023	11:45	Assurance	Prof A Esmail, Non-Executive Director
BOD/2324/129	Resources Committee Chairs Assurance Report, from the meeting held on 26 th January 2023	11:55	Assurance	Dr D Hanley, Non-Executive Director
STRATEGY, PARTNERSHIPS AND TRANSFORMATION				
BOD/2324/130	Communications and Engagement Dashboard Q3 2023/24	12:05	Discussion	Deputy Chief Executive & Chief Operating Officer



CLOSING				
BOD/2324/131	Any Other Business Notified Prior to the Meeting	12:15	Assurance	Chair
BOD/2324/132	Items for Inclusion on the BAF	12:15	Assurance	Chair
DATE AND TIME OF NEXT MEETING				
9.45am, Wednesday, 27 th March 2024 in the Oak Room, Ladybridge Hall, HQ, Bolton				
<p>Exclusion of Press and Public: In accordance with Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</p>				



Minutes
Board of Directors

Details: 9.45am Wednesday, 29th November 2023
Oak Room, Ladybridge Hall, Trust Headquarters

Mr P White	Chair
Mrs C Butterworth	Non-Executive Director
Dr A Chambers	Non-Executive Director / Deputy Chair
Mr S Desai	Deputy CEO / Director of Strategy, Partnerships and Transformation
Prof A Esmail	Non-Executive Director (via MS Teams)
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Mr D Mochrie	Chief Executive
Dr M Power	Director of Quality, Innovation, and Improvement
Mr D Rawsthorn	Non-Executive Director
Mrs A Wetton	Director of Corporate Affairs
Mrs L Ward	Director of People
Mr D Whatley	Associate Non-Executive Director
Mrs C Wood	Director of Finance

In attendance:

Ms D Earnshaw Corporate Governance and Assurance Manager (Minutes)

Minute Ref:

BOD/2324/090 Staff Story

The Deputy Chief Executive presented the staff story.

The film, linked with UK Disability month, featured two members of staff who both live with dyslexia and described their lived experiences in their front line and corporate roles.

Following the presentation, members noted the actions and initiatives undertaken to raise awareness of hidden disability, with involvement of the trust's Disability Network.

The Director of Finance advised of a recent meeting and discussions to support initiatives such as flexible working and adjustments to help staff in their roles.

Mr D Rawsthorn welcomed the initiatives in place and the work undertaken by NWAS to break down any stigma.

The Director of People referred to an induction proposal, presented to the trust's Executive Leadership Committee, which included support for staff with a hidden disability, as well as understanding for managers.

The Chair referred to the importance of inclusion of such initiatives in leadership training and induction programmes for managers.

The Chief Executive noted the benefits of embracing new technology and digital processes.

The Director of Quality, Innovation and Improvement confirmed the trust considered, by routine, the diverse needs of staff when developing new digital initiatives. She provided examples of recent work and processes to obtain feedback from staff and the trust had digital skills staff whose role it was to support staff.

The Board:

- Welcomed and acknowledged the content of the staff story.

BOD/2324/091 Apologies for Absence

There were no apologies for absence.

BOD/2324/092 Declarations of Interest

There were no declarations of interest to note.

BOD/2324/093 Minutes of the Previous Meeting

The minutes of the previous meeting, held on 29th November 2023 were accepted as true record.

Mr D Rawsthorn noted that himself and Mr D Hanley attended the meeting virtually.

The Board:

- Approved the minutes of the meeting held on 29th November 2023.

BOD/2324/094 Board Action Log

The Board noted the updates provided by the Director of People and Medical Director to address the outstanding actions on the action log.

The Board:

- Noted the updates to the action log.

BOD/2324/095 Committee Attendance

The Board noted the Committee Attendance.

Noted that the Chief Operating Officer and Deputy Chief Executive would be added to the membership of the Quality and Performance Committee.

The Board:

- Noted the Committee Attendance Record.

BOD/2324/096 Register of Interest

The Board:

- Noted the Register of Interest presented for information.

BOD/2324/097 Chair & Non-Executives' Update

The Chair provided a Chair and Non-Executive Update.

The Chair noted a successful Ambulance Leadership Forum, which he was unfortunately unable to attend, due to sickness. He noted his attendance at recent National Ambulance Association Chief Executive (AACE) meetings, which included feedback on Freedom to Speak Up best practice.

He referred to a recent AACE Equality launch and the launch of the NWS Sunflower Scheme in relation to hidden disabilities, discussed at a recent Board Development Session.

He referred to the recent Health Service Journal (HSJ) Integrated Care Summit and the focus on financial and best practice for delivering improvements across systems, particularly in relation to hospital handover.

He acknowledged a successful Board Development Session, which had included guests from AACE to discuss violence prevention, and an effective facilitated session on Governance, as well as detailed discussion on the NHS Impact Self-Assessment.

He referred to priorities in terms of the wellbeing of staff and improvement initiatives in the ambulance service that will make a difference and continued discussion on the trust's Patient Transport Services tender.

The Chair confirmed his attendance at a Greater Manchester Mental Health Symposium, with further conversations held with Board and a focus on future innovative work.

He reported that ambulance chief executives had been asked to return proposals on the future work of the Northern Ambulance Alliance (NAA) by February 2024, to determine what the NAA may look like in the future, to organically grow and ensure effective use of resource.

Dr A Chambers provided an update on recent meetings attended on behalf of the Chair, and recent senior independent director (SID) meetings.

The Board:

- Noted the Chair and Non-Executives' Update.

BOD/2324/098 Chief Executive's Report

The Chief Executive presented the Chief Executive's report and updated the board members on activity since the last meeting.

He reported good performance in the Patient Emergency Service (PES), despite an increase in hospital handover delays and noted the initiatives ongoing in 111 to improve performance and efficiencies.

He referred to the major incident declared by the trust at the end of September, in response to a serious road traffic collision when a coach overturned with teenage children on board, in the Cheshire and Mersey area.

He passed on his thanks to everyone involved and expressed sincere condolences and thoughts to the families affected by the incident.

In terms of national issues, he reported a well-attended Emergency Services Show and noted he had been asked to open the well-attended networking event.

He referred to activities and network events held in recognition of Black History Month in October and the theme Saluting Our Sisters, involving the Women's Network and the Race Equality Network.

With reference to the Ambulance Leadership Forum, he noted 500 delegates had attended with lots of positive feedback. He recognised the awards presented to NWAS staff, for going above and beyond, including Jenny Turk, Executive Business Support Manager to the Deputy Chief Executive and Chief Operating Officer.

The Chief Executive congratulated the Deputy Chief Executive and Chief Operating Officer, Mr Salman Desai, on his Kings Ambulance Medal (KAM), presented by Her Royal Highness, the Princess Royal at an investiture ceremony at Windsor Castle.

He went on to recognise the achievements of the trust's Research and Development Team, who won the Special Award for Exceptional Experience

at the Greater Manchester Health and Care Research Awards on 5th October 2023.

He congratulated the team who dedicated the award to their colleague Betty Pennington.

He reported he had met with the new Minister of State in the Department of Health and Social Care (DHSC) and discussions held related to the NHS England Urgent and Emergency Care recovery plan and noted the appointment of Andrew Stephenson as the new Minister of State for Health and Secondary Care, also the MP for Pendle and a Community First Responder for NWAS.

He noted the recent events held to celebrate Remembrance Day and the work undertaken by the Armed Forces Network and directorates across the trust.

He paid tribute to Rob Hussey and Sandra Philpott who recently passed away and sent his sincere condolences on behalf of the trust board to the families, colleagues, and friends.

The Deputy Chief Executive paid tribute to Mr Stephen Fry an EMT for the trust, who had recently passed away.

The Board:

- Noted the content of the Chief Executives Update.

BOD/2324/099 Board Assurance Framework Q2 2023/24

The Director of Corporate Affairs presented the proposed 2023/24 Q2 position of the Board Assurance Framework.

She reported that the Executive Leadership Committee (ELC) had recommended the following Q2 changes –

- Decrease of SR02 from 16 to 12.

Mrs C Butterworth referred to the target risk scores for SR04 and SR07 and expressed her reservations that the target scores could be achieved.

The Deputy Chief Executive and Chief Operating Officer confirmed the ELC would review the target risk scores in Q3, whilst maintaining an oversight of the trust's resources.

The Chair referred to Clinical Audit and progress related to the Apex tool and the electronic patient record.

The Medical Director confirmed that the Quality and Performance Committee had discussed the potential for non-submission of the mandated audit requirements, with the position reported to the Clinical Effectiveness Sub

Committee with oversight and monitoring by the Quality and Performance Committee.

He went on to explain that work would be completed by the end of 2023/24 and confirmed clarification would be included in the Q3 position of the Board Assurance Framework.

The Director of Quality, Innovation and Improvement provided an update on the work to be completed and confirmed the ongoing challenges, which had impacted on delivery of the APEX tool. She confirmed that although new staff were in post, resilience was yet to be developed.

The Board:

- Approved the Q2 position of the Board Assurance Framework.

BOD/2324/100 Use of Common Seal Biannual Report

The Director of Corporate Affairs presented a Use of the Common Seal biannual report.

She reported that during the period 1st April 2023 to 30th September 2023 the Trust's Common Seal was applied on one occasion with details provided in s2 of the report.

The Board:

- Noted the occasion of use of the Common Seal as detailed in s2 of the report.
- Noted compliance with s8 of the Standing Orders.

BOD/2324/101 Freedom to Speak Up Biannual Report

The Freedom to Speak Up Lead Guardian presented the Freedom to Speak Up (FTSU) Biannual Report.

He reported that the trust had seen an increase in the number of concerns raised during Q1 and Q2. The factors for the increase in reported FTSU concerns was felt to be attributed to high profile national discussion and increased awareness of the FTSU guardians, as well as the Lucy Letby case, and the factors associated to FTSU processes.

He advised of an increase in the number of NWAS senior managers, Band 8a and above, coming to FTSU guardians with concerns and confirmed the team were working alongside the People Directorate, using the lessons learnt, to embed into practice. He provided an example of staff initiatives, developed, in response to learning, such as staff challenges with speech difficulties.

He emphasised the importance of Board members leading as role models and felt the increase in NWAS activity provided evidence that the trust's processes were working, in terms of staff awareness of the role of FTSU.

Dr D Hanely, Non-Executive Director, FTSU Guardian, confirmed he was pleased with the work being undertaken.

Dr A Chambers emphasised the importance of board oversight of the effectiveness of processes underneath FTSU and queried current arrangements, in terms of receiving assurance.

The FTSU Guardian advised that work to ensure managers are monitoring the effectiveness of processes is undertaken in conjunction with the People Directorate and the Director of People added that the workforce indicators provided the board with overall oversight. However, she supported the need for check and challenge, in terms of triangulation.

She explained the People Directorate had a strong working position with the FTSU Guardian, with processes for sharing information on a regular basis to identify any areas of concern.

Mrs C Butterworth, referred to the previous FTSU presentation delivered by the Guardian Lead to the Board, and queried whether the flow chart shared had been disseminated across the trust.

The Director of People confirmed the information shared with staff, which included Dignity at Work and Treat Me Right and procedures, to deal with issues and provide an ongoing focus. She added that the trust's updated grievance procedures were applied to deal with some issues, however cultural experiences required more routes, to ensure that issues are surfaced and provide options for staff. She supported a future review of the effectiveness of the processes to manage FTSU concerns related to cultural experiences.

The Chief Executive referred to regular meetings with the Director of People and the FTSU Guardian Lead and the check and challenge nature of the discussions.

The FTSU Guardian Lead confirmed the FTSU app was now on trust iPads and iPhones and advised most of the current concerns reported, related to the trust's ongoing leadership review.

Prof A Esmail referred to the importance of involvement by the board and for staff to have direct access to the board for support.

The Chair referred to the trust's service delivery leadership review, and the issues. The FTSU Lead guardian confirmed the length of time to conclude the review was a key issue, and described the actions taken to address their concerns, which are directed to the SDMR team.

The Director of People referred to specific lived experiences which had enabled staff to be further supported and the Deputy Chief Executive confirmed 300 staff were involved in the review, and noted the need to ensure that views are actioned upon.

The Director of Quality, Innovation and Improvement referred to the patient safety category numbers which were small and asked whether this related to confidence in speaking up.

The FTSU Guardian Lead confirmed a planned deep dive into the concerns raised would provide the further detail required by the team, in line with the categories based on the five National Guardian Office (NGO) categories.

The Chair requested follow up by the board on the outcome of the deep dive via the Q&P Committee.

Dr D Hanley felt that Q&P Committee were actively discussing the issue of triangulation.

The Director of Quality, Innovation and Improvement referred to the issues highlighted by the Lucy Letby case and the need to ensure FTSU is portrayed as a healthy process.

The Chair asked Dr D Hanley, Prof A Esmail, the Director of Quality, Innovation and Improvement and the Medical Director to further discuss the issues raised by the Deep Dive and those related Lucy Letby Case; to report back to the Board.

The Board:

- Requested Quality and Performance Committee receive the outcome of the deep dive into the concerns raised including the effectiveness of the processes to manage FTSU concerns related to cultural experiences.
- Prof A Esmail, the Director of Quality, Innovation and Improvement and Medical Director to hold further discussions on issues raised, post Lucy Letby case.

BOD/2324/102 Fit and Proper Persons Test Update

The Director of People provided an update on the Fit and Proper Persons Test (FPPT).

She provided an update on the changes and the proposal for the trust's Fit and Proper Persons Procedure. She also referred to the recent Audit Committee MIAA audit of the trust's arrangements, which provided good assurance.

She noted the proposed approach to FPPT checks included arrangements for deputies, if covering in the post for more than 6 weeks.

She advised that a further report would be presented to board in Q1 2024/25 for assurance on the proposed process.

Mr D Rawsthorn recognised and clarified the process for managing the difficulties associated with social media checks.

The Director of People confirmed the trust's current process and acknowledged the potential challenges.

The Chair thanked the Director of People for her work.

The Board:

- Approved the changes to the Procedure on and Fit and Proper Persons Requirements.

BOD/2324/103 Audit Committee Chairs Assurance Report from the meeting held on 20th October 2023

Mr D Rawsthorn, Non-Executive Director presented the Chairs Assurance Report from the meeting held on 20th October 2023.

He referred to the moderate assurance received in relation to waivers and for a planned review of the position when the Committee receives the Q3 report.

The Board:

- Noted the assurances provided.

BOD/2324/104 Integrated Performance Report

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report.

The Director of Corporate Affairs noted some stability in the number of complaints, however advised of some delay in responding to complaints, related to resource pressures which have since been resolved.

She noted most incidents raised are scored 1-3, and serious incidents moved to the Patient Safety Incident Response Framework (PSIRF) on 1st October 2023. She reported that 4 patient safety incidents had been reported during the period, 2 related to face to face or telephone assessment, 2 related to errors in 999 and 111 call handling, with further details in the report.

Mrs C Butterworth acknowledged the shift in the nature of the highest number of incidents, from care and treatment to delays.

The Deputy Chief Executive outlined the effectiveness activity and the satisfaction scores, which identified good and very good outcomes in 111 and PTS, despite pressures. He referred to very positive comments, detailed in the paper.

The Chair noted the issue of repeating information in the NHS.

The Medical Director referred to the work being undertaken to justify value added steps and proportionality to refine processes.

He noted the board's previous concern regarding stemi bundle performance, which was an active and ongoing area of focus. He referred to the C2 segmentation work, to better serve C2 long waits.

The Chair referred to the variation in hear and treat and see and treat activity.

The Deputy Chief Executive noted that activity had recently improved due to a recent improvement in response time performance.

The Chair sought assurance on the effectiveness of internal monitoring processes.

The Medical Director advised that areas of improvement and actions had been identified to improve processes, through working with partnership organisations on the frontline.

The Chief Executive referred to the good hear and treat and see and treat activity performance in the southwest area, however noted their challenges with long hospital handover waits.

The Deputy Chief Executive confirmed that the Quality and Performance Committee had recently received the outcomes of a deep dive into outcomes from pathways and hear and treat and see and treat activity.

Dr D Hanley noted the offset incurred in performance of see and treat and hear and treat and the Medical Director confirmed the contributory factors.

The Director of Quality, Innovation and Improvement informed the board of a pilot being run for the unitary digital transfer of referrals to urgent care and the outcomes expected.

The Chief Operating Officer and Deputy Chief Executive referred to the issue of duplicate calls, and the activity detailed in the paper.

The Chair referred to the issue of one poor performing area impacting on the overall performance of the region.

The Chief Executive confirmed the discussions being held regionally and nationally with a local deep dive commissioned into hospital handover delays in the Cheshire and Mersey area. He referred to the significant impact on staff which was feeding into culture surveys and causing significant impacts on morale including that of newly qualified frontline staff.

He referred to high level meetings, to address the challenges within the ICS, and outlined the joined-up working being undertaken in the region to help other systems.

Prof A Esmail referred to the lengthy discussion held at Quality and Performance Committee on the issues associated with performance challenges in the Cheshire and Mersey area.

The Medical Director acknowledged the well performing partners in the region's footprint and recognised their hard work.

In terms of 111 performance, the board noted the position remained challenging and Dr A Chambers referred to the ongoing poor performance in call pick up time.

The Deputy Chief Executive advised that attrition remained high and low performing pick up times were expected to continue in the short term. However, noted the medium and long-term actions to be undertaken through the dual role of 999 and 111 call takers, to provide variation to the role.

The Chair supported the challenge by non-executive directors on 111 performance, which was necessary, considering the additional resources deployed into the service.

The Director of Finance confirmed new retendering arrangements would mean commissioners did not have to retender with the trust.

The Chair noted the danger in accepting the performance levels as a norm and the need for robust discussions when the retender is due.

Mr D Whatley referred to the issues in relation to aborted PTS journeys.

The Chief Operating Officer noted that effectiveness of journeys was an area that could provide efficiencies and improvements and these issues would be addressed through the new PTS tender arrangements.

The Director of Finance provided an overview of the trust's current financial position including agency spend to date. A deep dive report, presented to the Resources Committee, confirmed a reduction in agency requirement, however noted some expectation that use of agency resource could increase during periods of significant challenge.

The Chair thanked the Director of Finance for her hard work.

The Director of People referred to performance against the workforce indicators, and initiatives in place, presented to the Resources Committee on 24th November 2023.

She referred to turnover in 111, which compared to early 2023/24 had reduced, despite continued challenges. From a vacancy perspective, she noted a strong position in terms of PES and EOC, with PES over established, and indicative of the trust's recruitment plans. She referred to the plans in place to improve the position in PTS, including a large-scale call handling campaign in Q4 2023/24.

She advised of some slight delays in terms of appraisal performance and some increase in HR case work, due to significant complex cases. With no hot spots or trends to be seen, with monitoring continuing.

The Chair referred to appraisals and mandatory training performance in view of any future regulatory assessments and the Director of People confirmed a good position overall.

Mrs C Butterworth praised the executive team for the low level of use of agency staff despite the challenges.

The Board:

- Noted the content of the Integrated Performance Report and the recommendations provided.

BOD/2324/105 Infection Prevention and Control (IPC) Board Assurance Framework

The Assistant Director of Nursing presented the Infection Prevention and Control (IPC) Board Assurance Framework.

She provided an overview of the Framework reviewed by the Quality and Performance Committee and IPC Sub Committee for assurance and outlined the highlights and noted the improvements, including the gaps in control and measures in place to improve performance.

The Medical Director referred to the significance of infection prevention particularly safety for staff particularly on the front line. He added it was important for him to be well versed on the position and to move the current moderate assurances to green. He noted NWAS was more exposed than some other partners in the NHS.

The Board:

- Noted the content of the report.

BOD/2324/106 Emergency Preparedness Resilience and Response (EPRR) Annual Assurance Report 2023/24

The Chief Operating Officer presented the EPRR Annual Assurance Report 2023/24.

He updated the board on the recent changes to the national standards and the impact on the trust's compliance position, which had meant the trust's compliance rating had reduced, 93% – 41%. He confirmed the factors associated to the self-assurance process and the impact of the changes, implemented from 1st November 2023 by the NHSE guidance, which had been made in the context of the Lucy Letby case.

He referred to the timings of the changes and the need for the trust to address the new assessment regime and emphasised the joint working required to achieve some of the recommendations.

Mr D Rawsthorn, Non-Executive Director clarified the position and associated risk.

The Chief Executive advised of his work undertaken in response to the MAI recommendations, and the ongoing issue of resourcing and multi-agency training. He added that further discussions would be held internally, and a further update delivered to the January meeting of the Board of Directors with an action plan to address the actions required.

The Chair summarised the position of the trust and clarified that despite changes to the NHSE assessment requirements, the trust's levels of preparedness had not changed. He welcomed the further actions to be taken and a report to the next board meeting.

The Board:

- To receive an EPRR assurance report at the next meeting on the impact of the changes, including an action plan to address the action required.

BOD/2324/107 Quality and Performance Chairs Assurance Reports from the meetings held on 25th September 2023 and 23rd October 2023

Prof A Esmail, Non-Executive Director presented the Quality and Performance Chairs Assurance Reports from the meetings held on 25th September 2023 and 23rd October 2023.

Mr D Rawsthorn referred to the AQI mandated clinical audit report in respect of falls and the changes. The Medical Director confirmed the Clinical Effectiveness Sub Committee planned to discuss the issue at the next meeting in January.

The Board:

- Noted the assurances provided.

BOD/2324/108 Resources Committee Chairs Assurance Report from the meetings held on 26th September 2023 and 24th November 2023

Dr D Hanley presented the Chairs Assurance Report from the Resources Committee meetings held on 26th September and 24th November 2023.

The Board:

- Noted the assurances provided.

BOD/2324/109 Communications and Engagement Dashboard Q2 2023/24

The Deputy Chief Executive presented the Communications and Engagement Dashboard Q2 2023/24.

He referred to the key highlights in the report and summarised the key activity during the quarter. He referred to an increase in Freedom of Information requests which had been answered within the timeframe.

Mr D Whatley, referred to the return rate and queried any plans to improve response rates where necessary. The Deputy Chief Executive outlined the processes in place.

Mr D Rawsthorn confirmed feedback from community events was included in the data.

The board acknowledged that future Electronic Patient Record (EPR) data would be included in future reports.

The Board:

- Noted the content of the Communications and Engagement Dashboard Q2 2023/24 report.

BOD/2324/110 Any Other Business Notified Prior to the meeting

There were no other items of business notified prior to the meeting.

BOD/2324/111 Items for inclusion on the BAF

There were no items identified for inclusion in the BAF.

Date and time of the next meeting –

9.45 am on Wednesday, 31st January 2024 in the Oak Room, Ladybridge Hall, Trust HQ.

Signed _____

Date _____

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Status:	
Complete & for removal	
In progress	
Overdue	
Included in meeting agenda	

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
114	29.11.23	101	Freedom to Speak Up Bi annual report	Requested Quality and Performance Committee receive the outcome of the deep dive into the concerns raised including the effectiveness of the processes to manage FTSU concerns related to cultural experiences Prof A Esmail, the Director of Quality, Innovation and Improvement and Medical Director to hold further discussions on the issues raised, post Lucy Letby case.	FTSU Lead / L Ward Prof A Esmail / M Power / C Grant			Added to the Quality and Performance Committee action log.	
115	29.11.23	106	EPRR Annual Assurance Report	Board to receive a further EPRR core standards assurance report to include the impact of the recent changes and an action plan.	S Desai / D Mochrie	31st January 2024			

NWAS Board and Committee Attendance 2023/24

Board of Directors								
	26th April	31st May	21st June	26th July	27th September	29th November	31st January	27th March
Ged Blezard	✓	✓	✓	✓	X			
Dr Alison Chambers	✓	X	✓	✓	✓	✓		
Salman Desai	✓	✓	✓	✓	✓	✓		
Prof Aneez Esmail	X	✓	✓	✓	✓	✓		
Dr Chris Grant	✓	✓	X	✓	✓	✓		
Dr David Hanley	✓	✓	✓	✓	✓	✓		
Daren Mochrie	✓	✓	✓	✓	✓	✓		
Dr Maxine Power	✓	✓	✓	✓	✓	✓		
David Rawsthorn	✓	✓	✓	✓	✓	✓		
Catherine Butterworth	✓	✓	✓	✓	X	✓		
Lisa Ward	X	X	✓	X	✓	✓		
Angela Wetton	✓	✓	✓	✓	✓	✓		
David Whatley	✓	✓	✓	✓	✓	✓		
Peter White (Chair)	✓	✓	✓	✓	✓	✓		
Carolyn Wood	✓	✓	✓	✓	✓	✓		

Audit Committee						
	21st April	19th May	21st June	21st July	20th October	19th January
Dr Alison Chambers	✓	✓	✓	✓	✓	✓
Dr Aneez Esmail	✓	✓	✓	✓	✓	✓
David Rawsthorn (Chair)	✓	✓	✓	✓	✓	✓
Catherine Butterworth	✓	✓	✓	✓	✓	✓
David Whatley	✓	✓	✓	✓	✓	✓

Resources Committee						
	26th May	21st July	26th September	25th November	20th January	24th March
Ged Blezard	X	✓	X			
Salman Desai	✓	✓	✓	✓	✓	
Catherine Butterworth	✓	✓	X	✓	✓	
Dr David Hanley (Chair)	✓	✓	✓	✓	✓	
David Rawsthorn	✓	✓	✓	✓	✓	
Lisa Ward	✓	✓	✓	✓	✓	
David Whatley	✓	✓	✓	✓	✓	
Carolyn Wood	X	X	✓	✓	✓	

Quality and Performance Committee										
	24th April	22nd May	26th June	24th July	25th September	23rd October	27th November	29th January	26th February	25th March
Ged Blezard		X		✓	X					
Dr Alison Chambers		✓		✓	✓	X	X			
Salman Desai					✓	✓	✓			
Prof Aneez Esmail (Chair)		✓		✓	✓	✓	✓			
Dr Chris Grant		✓		✓	✓	X	✓			
Dr David Hanley		✓		✓	✓	✓	✓			
Dr Maxine Power		✓		✓	✓	✓	✓			
Angela Wetton		✓		✓	✓	✓	✓			

Charitable Funds Committee				
	29th April	19th July	18th October	17th January
Ged Blezard	✓	✓		
Salman Desai	✓	✓	X	✓
Catherine Butterworth	✓	✓	✓	✓
Dr David Hanley	X	✓	✓	✓
David Rawsthorn (Chair)	✓	✓	✓	✓
Lisa Ward	✓	✓	✓	X
Angela Wetton	✓	✓	✓	✓
David Whatley	✓	✓	✓	✓
Carolyn Wood	✓	X	X	✓

Nomination & Remuneration Committee							
	26th April	31st May	26th July	27th September	29th November	31st January	27th March
Catherine Butterworth	✓	✓	✓	X	✓		
Dr Alison Chambers	✓	X	✓	✓	X		
Prof Aneez Esmail	X	✓	✓	✓	✓		
Dr David Hanley	✓	✓	✓	✓	✓		
David Rawsthorn	✓	✓	✓	✓	✓		
David Whatley	✓	✓	✓	✓	✓		
Peter White (Chair)	✓	✓	✓	✓	✓		

**CONFLICTS OF INTEREST REGISTER
NORTH WEST AMBULANCE SERVICE - BOARD OF DIRECTORS**

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Ged	Bleazard	Director of Operations	Wife is a manager within the Trust's Patient Transport Service				√	Other Interest	Apr-19	Sep-23	To be decided by Chairman if decision is required within a meeting, in relation to the service line.
Catherine	Butterworth	Non-Executive Director	HR Consultant (no live commissions) for NLaG Acture Trust and Beacon GP Care Group				√	Position of Authority	Apr-22	Present	Agreed with Chairman not to accept or start any NHS HR contracts without his prior approval and support.
			Non Executive Director - 3 x Adult Health and Social Care Companies owned by Oldham Council				√	Position of Authority	Apr-22	Present	Withdraw from decision making process if the organisations listed within the declaration were involved.
			Director / Shareholder for 4 Seasons Garden Companies: 4 Seasons Garden Maintenance Ltd 4 Seasons Gardens (Norden) Ltd 4 Seasons Design and Build Ltd 4 Seasons lawn treatments Ltd CFR HR Ltd (not currently operating) - removed 25th May 2022				√	Position of Authority	Apr-22	Present	4 Seasons garden maintenance Ltd has secured and operates NHS Contracts for grounds maintenance and improvement works at other NW NHS Acute Trusts but these pre date and are disassociated with my NED appointment at NWAS. To withdraw from the meeting and any decision making process if the organisations listed within the declaration were involved.
Alison	Chambers	Non-Executive Director	Self Employed, A&A Chambers Consulting Ltd	√				Self employment	Jan-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Trustee at Pendle Education Trust		√			Position of Authority	Jan-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Non Executive Director Pennine Care Foundation Trust				√	Position of Authority	Jul-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Salman	Desai	Deputy Chief Executive/Chief Operating Officer	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Aneez	Esmail	Non-Executive Director	Board member of Charity Dignity in Dying				√	Board member	May-22	Present	
Chris	Grant	Medical Director	NHS Consultant - Critical Care Medicine - Liverpool University Hospitals NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			A member of Festival Medical Services, a 'not for profit' registered charity staffed by volunteers, delivering professional medical services at events throughout the country. NWAS does not sub-contract events nor does FMS operate any significant activity in the North West.				√	Non Financial Professional Interest.	Jul-22	Present	If FMS run events in the North West, these would be undertaken via usual NWAS command functions and EPRR planning and I would remove myself from any interactions and engage with the NWAS Deputy Director should involvement be required from the Medical Directorate.
David	Hanley	Non-Executive Director	Associate Consultant for the Royal College of Nursing	√				Trainer (part time)	Jan-22	Present	No conflict.
			Trustee, Christadelphian Nursing Homes				√	Other Interest	Jul-19	Present	N/A
Daren	Mochrie	Chief Executive	Member of the JESIP Ministerial Board, HM Government		√			Position of Authority	Jan-22	Present	No conflict.
			Board Member/Director - Association of Ambulance Chief Executive's				√	Position of Authority	Sep-19	Aug-20	No conflict.
			Registered with the Health Care Professional Council as Registered Paramedic				√	Position of Authority	Apr-19	Present	N/A
			Member of the College of Paramedics				√	Position of Authority	Apr-19	Present	N/A
			Chair of Association of Ambulance Chief Executives (AACE)				√	Position of Authority	Aug-20	Present	N/A
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)				√	Position of Authority	Apr-19	Present	N/A
			Member of the NW Regional People Board				√	Position of Authority	Sep-20	Present	N/A
Member of Joint Emergency Responder Senior Leaders Board				√	Position of Authority	Sep-20	Present	N/A			

Name	Surname	Current position (s) held- I.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Maxine	Power	Director of Quality, Innovation and Improvement	Daughter employed at NWAS as Service Delivery Programme Assurance Manager in PES.			√		Non financial personal interest.	Sep-23	Present	Declare an interest and withdraw from discussions as and when required.
David	Rawsthorn	Non-Executive Director	Trustee and Treasurer of Citizens Advice Carlisle and Eden (CACE)			√		Position of Authority	Apr-19	31.3.22	N/A
			Member of Green Party			√		Other Interest	May-19	Present	Will not use NED position in any political way and will avoid any political activity in relation to the NHS.
			Member of Cumbria Wildlife Trust			√		Other Interest	Apr-19	Present	N/A
Lisa	Ward	Director of People	Member of the Labour Party			√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.
			Member of Chartered Institute of Personnel and Development		√		Non financial professional interest	Jun-23	Present	Declare an interest and withdraw from discussions as and when required.	
			Daughter employed at DHSC as economic analyst			√	Non financial personal interest.	Sep-21	Sep-23	Declare an interest and withdraw from discussions as and when required.	
Angela	Wetton	Director of Corporate Affairs	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
David	Whatley	Associate Non Executive Director	Trustee Pendle Education Trust		√				Apr-23		Withdrawal from the decision making process if the organisations listed within the declarations were involved.
			Governor, Nelson and Colne College Group		√				Apr-23		
			Independent Member of Audit Committee, Pendle Borough Council		√				Apr-23		
			Wife is employed at Manchester Teaching Hospitals NHS FT as a Biochemist				√		Apr-23		
Peter	White	Chairman	Chair of Lancashire Teaching Hospitals NHS Foundation Trust	√				Second Trust Chair Position in another NHS organisation	Aug-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	No Conflict
			Non-Executive Director -Miocare (Oldham Care and Support Limited is a subsidiary)	√				Position of Authority	Apr-19	30.9.23	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Carolyn	Wood	Director of Finance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict.



REPORT TO BOARD OF DIRECTORS

DATE:	31 st January 2024				
SUBJECT:	Chief Executive's Report				
PRESENTED BY:	Daren Mochrie, Chief Executive				
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05
	☒	☒	☒	☒	☒
	SR06	SR07	SR08	SR09	SR10
	☒	☒	☒	☒	☒
PURPOSE OF PAPER:	For Assurance				
EXECUTIVE SUMMARY:	<p>The purpose of this report is to provide members with information on a number of areas since the last CEO's report to the Trust Board dated 29th November 2023.</p> <p>The highlights from this report are as follows:</p> <p>PES</p> <ul style="list-style-type: none"> • 999 call pick up strong despite increased call volume • Call pick-up 2 seconds mean YTD against UEC standard of 10 seconds • On target to deliver the 30-minute mean C2 UEC response target for the year. <p>111</p> <ul style="list-style-type: none"> • Increase in call handling capacity • 10% national call taking support continued <p>PTS</p> <ul style="list-style-type: none"> • YTD activity below baseline 				
RECOMMENDATIONS:	<p>The Board is recommended to:</p> <ul style="list-style-type: none"> • Receive and note the contents of the report 				
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compliance/Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> People <input type="checkbox"/> Financial / Value for Money <input type="checkbox"/> Reputation 				

	<input type="checkbox"/> Innovation
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INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 5 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail) PREVIOUSLY CONSIDERED BY:	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
	N/A			
	Date:			
	Outcome:			

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1. PURPOSE

This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 29 November 2023.

2. PERFORMANCE

2.1 Paramedic Emergency Service

Operational Ambulance Response Programme (ARP) performance deteriorated when compared to previous months. This was due to increased demand (999 calls received) and extended hospital handover times. These two issues were most acutely experienced in the early part of December which reduced operational response capacity. However, when compared to the equivalent time period last year, response standards have significantly improved. To illustrate these improvements long waits within Category 2 for December were 50% of those experienced the previous year. It should be noted that due to handover pressures within specific sectors there is increasing variation in response time at ICB level. The overall improvements are due to increased operational capacity via the UEC recovery plan alongside improved handover vs last year. In addition, NWAS managed more incidents in December 2023 vs 2022 a further indicator of increased response capacity. Despite the challenges to response through winter, NWAS are still on target to deliver the 30-minute mean C2 UEC response target for the year.

999 call pick-up has remained strong despite increased call volume in November and December. The investment into the call handling workforce has ensured that NWAS continue to lead the sector. Call pick-up remains at 2 seconds mean YTD against the UEC standard of 10 seconds. Non-conveyance has remained stable with some improvements in conveyance to non-emergency department within certain sectors. Hear & Treat has reduced when compared against last winter, primarily due to significant improvements in response times, which reduces the opportunities for H&T. Looking forward H&T is anticipated to improve during Q4 with the additional CAS capacity.

2.2 NHS 111

111 has experienced significant improvements in its KPIs when compared against the previous year, with CPU especially improved. These improvements are due to increased call handling capacity, the continuation of 10% national support and efficiencies in call handling due to digital innovation. Recruitment to all 111 vacancies is a key priority moving into Q4 and throughout 24/25.

2.3 Patient Transport Service

PTS activity YTD is below baselines with high aborted unplanned activity. A PTS improvement plan has commenced focusing on utilisation of NWAS resources, increasing use of volunteer drivers and consequently reducing transport via taxis.

3. ISSUES TO NOTE

3.1 Local Issues

Site Visits

At the beginning of January, I had the opportunity to visit Estuary Point and meet Glyn Brown, who runs the trust's museum in Crosby to discuss his plans for this year. I was joined by Dave Kitchin, Head of Operations, Cheshire & Merseyside.

I also visited Middlebrook 111 where I chaired an accountability review for the Integrated Contact Centres with Dan Ainsworth and Sally Rose. Accountability reviews are an opportunity to gain assurance and hear about the work ongoing within directorates and for directorate senior leaders to engage with the CEO and Deputy CEO.

I also visited Blackpool ambulance station to complete my annual commander training and at the same time was able to spend time meeting a number of staff.

MTA training

Colleagues from a range of different roles recently took part in training exercises for a marauding terrorist attack, which were held in Manchester over a five-week period.

Greater Manchester Fire and Rescue Service were involved in the sessions, which gave commanders, support commanders, MERIT, operational staff and students the opportunity to engage in a 'live' exercise.

The exercise, made up of 'real-life' scenarios in a controlled environment, involved real locations, mock offenders, injury reports, police involvement, and communication between different NWAS colleagues and other key services.

3.2 Regional Issues

Escalation to Reap Level

At the beginning of December, the trust's REAP level changed from Level 3 (major pressure) to Level 4 (extreme pressure). The change in REAP level is due to the increased pressure we were experiencing across the 111 and 999 services and challenges across the wider healthcare system.

In moving to REAP Level 4, the trust carefully considered the actions to be taken. We maximised all available resources working closely with other providers. Our escalation plans were implemented proactively, and we worked with other healthcare organisations to safely signpost patients to other services, where appropriate.

We continued to deliver statutory/mandatory training and the trust reverted to REAP Level 3 on 13 December due to a slight improvement in the trust's position. The heavy snowfall and freezing temperatures had subsided and there was a slight reduction in the demand.

A week later on 20 December the REAP level changed again to Level 4 due to delays in hospital handover in certain areas of the North West and the potential impact of the Junior Doctors' strike action.

Operational Demand

The trust had prepared for the inevitable winter pressures and we invoked a number of actions within our strategic winter plan. This helped us to continue to manage demand, to help ease the pressure and ensure we provided the best possible service for patients. We also enhanced welfare and support arrangements for staff.

Hospital handover delays continue to be a challenge. Work continues across our systems and nationally to do all we can to improve this for our patients and staff

One vital element to try and reduce the pressure is securing additional staff. EOC welcomed 75 additional staff, while PES operations were supported with an extra 111 paramedics and 66 emergency medical technicians. We also deployed an additional 28 vehicles all of which enabled us to manage 140,000 999 calls and 96,000 emergency incidents, with 150,000 contacts into NHS 111.

The trust's performance improved significantly across all categories and there were fewer long waits compared to last year. This is attributable to good planning, resource management and effective service delivery.

We are currently performing well across a number of measures compared to other ambulance services in the UK, consistently delivering some of the best response times to the public of the North West. This is thanks to the dedication of everyone in the organisation, whether that be on the frontline, in contact centres or as part of support and corporate services and support from most of our partners.

PTS recruitment continues to be a high priority, and for NHS 111, recruitment over the past few months has resulted in an additional 40 health advisors, 13 clinicians and 8 service advisors. An external provider secured by NHS England, was also available to support with up to 10% of 111 call demand, if required.

Tackling Handover Delays

Hospitals are incredibly busy, and this is having a knock-on effect, leading to an increase in handover delays. Mid-January was particularly challenging, with the cold weather causing additional pressures. Handovers in some areas were taking up to three hours on average to release ambulances, with some patients and crews waiting much longer in extreme cases and upwards of 9 hours.

We know these delays impact negatively on patients, those waiting in the ambulances who need further care and treatment, and those waiting in the community because our resources are tied up outside emergency departments.

Just as importantly, there is a negative impact on staff; the ambulance crews spending whole shifts waiting with patients, providing ongoing care and support, and

missing meal breaks or finishing late; the colleagues in control and dispatch, handling calls and providing care to patients who are worried or whose condition is worsening, having to make complex and timely decisions about where our limited resources are directed.

Our hospital colleagues are working under extreme pressure too and doing all they can to work with us to improve the situation

I continue to emphasise the gravity of this situation with NHS and government leaders, hoping for more action and support to address the system-wide issues. We are having regular discussions with Integrated Care System colleagues to look at regional issues, and working closely with hospital department leads to understand and resolve any site-specific issues wherever possible.

We have more support on site helping to manage the situation at the busiest times, including welfare volunteers offering refreshments. Senior clinicians have been spending more time supporting patients who have been waiting a long time, by assessing either remotely or face-to-face to manage and close incidents, as well as supporting colleagues who are attending complex incidents or have been on-scene for a long time, identifying those where they can offer additional clinical support.

During mid-January a letter was sent to all North West hospitals re-iterating the discussions with our partner organisations:

- It is the responsibility of the hospitals to ensure the safety of patients once the ambulance arrives on site
- It is unacceptable for ambulance clinicians to be asked to provide any care outside of their scope of practice, such as administering medicines or personal care
- It is unacceptable for any investigations, treatments, or clinical assessments to be undertaken in vehicles outside the hospital
- It is unacceptable for patients to be returned to the care of ambulance clinicians after they have been taken for assessment or treatment

The letter also explains how we will continue to play our role in easing system-wide pressures and only taking patients to EDs when necessary and making use of other clinical pathways to support patients in the community whenever possible.

Welcoming our Student Paramedics

I recently met with almost 100 first-year student paramedics who were attending a Cumbria & Lancashire induction in Preston

I talked to them about my career so far, my experiences as a paramedic and as a senior leader in the ambulance service. I also shared NWAS' vision to deliver the right care, at the right time, in the right place, every time, and how we all have a role to play in making sure we achieve that vision.

Mobile Data & Vehicle Solutions

The trust-wide migration to MDVS (Mobile Data and Vehicle Solutions) started in September in Cumbria & Lancashire. Since then, the system that will replace the current Thorcom MDT, Garmin sat nav and reverse camera screens, has been successfully installed into 182 PES vehicles.

Eighty nine percent of C&L's vehicles have been migrated and the trust is on track for all ambulances in that area to be completed by the end of January. Preparations are underway for the installation team to move to Greater Manchester and Cheshire & Merseyside before the project comes to a close in August 2024.

The new system will improve communications between ambulances and control rooms across the entire trust.

Director of Operations Recruitment

The trust is now seeking to recruit a Director of Operations in the coming months. The role previously held by Ged Blezard, has been overseen by Salman Desai, Deputy CEO/Director of Strategy, Partnerships and Transformation in the remit of Chief Operating Officer.

The recruitment process will be managed by an external company that specialises in recruiting the best talent to boards and leadership teams.

3.3 National Issues

Speaking Engagements

I was recently asked to speak at the Emergency Care Conference 2023, which was entitled 'Shaping Future Emergency Care Pathways, Learning from Others'.

It was an opportunity to talk to senior leaders about the vital role that ambulance services play in the overall emergency care ecosystem, to delve into the exploration of innovative models of emergency care delivery in the UK, and discover the progress made by trusts in integrating urgent and emergency care services - resulting in improved patient experiences and better coordination between healthcare providers.

I was also asked to speak at the Westminster Health Forum on priorities for improving urgent and emergency care services in England.

The forum is a senior-level conference which address a wide range of public policy areas. None of the forums have a policy agenda of its own, other than to raise the quality of debate on public policy developments and create opportunities for informed discussion.

Labour's Health Mission

At the beginning of January, I joined other health leaders in Manchester to hear from Sir Keir Starmer and Wes Streeting about the UK Labour Party's plan to improve the

health of our nation. They outlined their plans and the party's commitment to ensure that all children have the building blocks for a healthy life.

The event opened with a speech to CEOs, chairs and presidents from the Royal Colleges, the NHS and local and national health charities. Also in attendance was the Major for Greater Manchester, Andy Burnham and other local MPs

4. GENERAL

Disability History Month (16 Nov – 16 Dec)

Disability History Month was a time to reflect on the historical struggles, triumphs, and ongoing journey towards equality for people with disabilities. It provides us with a valuable opportunity to begin conversations about how we can better support colleagues who have a disability, and importantly, recognise and celebrate the 1 in 5 people in the NHS who bring personal lived experience of disability and long-term health conditions to their careers, teams, leadership and patient care.

Disability History Month encourages us to confront the systemic barriers that people with disabilities continue to face. We have a shared responsibility to make sure our workplace is accessible, inclusive, and supportive. This goes beyond physical accommodations; it extends to creating a culture that values diversity and recognises the unique strengths that everyone brings to the table. Our Disability Network plays a vital role in helping us achieve this. The network is doing fantastic work in giving staff a voice and raising awareness of the barriers facing people with disabilities.

I am very proud of the positive developments we've seen at NWAS in relation to diversity and inclusion, but Disability History Month serves as a reminder that our journey is ongoing. The 'Hidden Disabilities Sunflower Scheme' helps people voluntarily share that they have a disability or condition that may not be immediately apparent.

Reasonable Adjustments at NWAS

In the 2022 NHS Staff Survey 4 in 10 staff with long-lasting health conditions or disability indicated that no reasonable adjustments had been implemented to enable them to carry out their work. On the back of that, we have launched a procedure for requested reasonable adjustments.

Reasonable adjustments are changes an employer makes to remove or reduce a disadvantage related to someone's disability. To raise awareness and share knowledge on providing the right support for all NWAS employees, the Disability Network hosted its first Reasonable Adjustments Forum on Tuesday 28 November.

The event was opened by Director of Finance and Disability Network Executive Sponsor, Carolyn Wood, who addressed the importance of reasonable adjustments and the link between them and the social model of disability, embraced by the network and trust. People are disabled by physical, organisational, attitudinal and communication barriers.

The rest of the morning consisted of a presentation on our current health and wellbeing offer followed by a brief discussion exploring how the offer can be developed to provide support for staff with disability-related issues. Wasim Mir, ED&I Advisor, James Williams, Head of Learning Governance and Lynne Kerrigan, Education Manager, then showcased the new initiatives developed to support staff with disabilities and the procedure for requesting and managing reasonable adjustments and the Neurodivergence Policy. Both initiatives generated extensive and engaging discussions on some barriers still present in the trust and how attendees could take away the learning from the event to share with colleagues and put into action.

World Aids Day

World Aids Day falls on 1 December every year and it is a day of reflection intended to unite people in the fight against HIV and AIDS. To mark this year's event Adam Williams, Paramedic and LGBT+ Network Chair, and Wes Proverbs, Paramedic and Race Equality Network Chair collaborated together to help raise further awareness.

Sexual Safety

All ambulance services are being encouraged to take a proactive approach to tackling unacceptable sexual behaviour that people have experienced at work, such as unwanted touching, inappropriate language or sexualised 'banter', inappropriate social media messaging, and in some cases sexual assault.

In response to this, we have committed to signing the NHS England Sexual Safety Charter and the AACE Consensus Statement on reducing misogyny and improving sexual safety. We have established a dedicated sexual safety steering group to drive the agenda and identify ways we can make a positive difference.

The group will be taking steps to make it easier and safer for people to report incidents of this nature, reviewing how we handle complaints relating to sexual safety and the support given to those involved, improving awareness and understanding about sexual safety, and much more.

Body Worn Video Cameras (BWVC)

The trust recently shared the disturbing footage of a London Ambulance Service paramedic being violently pushed out of an ambulance by the patient he was trying to help. As well as physically attacking the crew member, he also verbally abused both staff members, used homophobic language and urinated in the ambulance. The video footage was handed over to the police, which helped secure the patient's conviction.

We shared the recording to remind staff of the benefits of wearing a BWVC. Everyone should be able to come to work without the fear of being verbally or physically abused and whilst wearing a BWVC on duty can not only help deter abusive behaviour, it also provides a crucial means to seek justice in the unfortunate event of a physical or verbal attack.

The trust is participating in a national pilot to help protect staff against violent and aggressive incidents through the use of body worn video camera and a decision was made in September of this year to extend the pilot to include all areas of the NWS footprint. BWVCs are now available for any PES operational staff member who wishes to wear one for their own and their crewmates' protection, it is not to monitor staff but to aid in preventing violence and aggression incidents. Only once an incident of V&A has been reported, or a police request has been received relating to criminality, can the Information Governance Team view the footage. We cannot view any footage without permission from the relevant staff member and any footage that has not been reported via DCIQ, will be deleted from the system after 30 days.

Staff Surveys

The NHS Staff Survey closed on Friday 24 November, and this year we achieved our highest-ever number of responses. More than 3,400 staff (nearly half of our total workforce) took the time to fill in the survey, 1,200 more responses compared to 2022

Our independent survey provider, Picker, is now in the process of collating all the responses so they can share the anonymised results with us in the new year. All responses are processed confidentially by Picker and as a trust, we do not receive any information in the results that can identify individual staff members.

Once we receive the data, our Inclusion and Engagement Team will begin work to analyse the results, identify trends and themes and importantly, share the information with local sectors and teams so that it can be used to make improvements for our workforce. The results will be released in March 2024, in line with the lifting of the national embargo, and a staff survey action plan will also be released highlighting the areas we will be focusing on over the coming year, based on feedback.

The National Quarterly Pulse Survey was released at the beginning of January, the results from which, together with the NHS Staff Survey, will help us see a fully rounded picture of what it is like to work for the trust, as well as identifying improvements which need to be made.

Lancs & South Cumbria ICB

David Flory has been Chair of our lead ICB, Lancs & South Cumbria, since July 2022 and has recently been appointed as Joint Chair of Liverpool University Hospitals Foundation Trust and Liverpool Women's NHS Foundation Trust and will taking up his new role in March 2024

In our Thoughts

It is with great sadness that I write to inform you of the death of our friend and colleague, Stephen Fry who passed away following a short illness

Stephen was a highly respected EMT1 in the Warrington group who commenced his career with NWS in 2008. Stephen was a popular, well-loved and valued member of the team who always had time for everyone

The trust sends sincere condolences to the family, colleagues and friends of Stephen.

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

There are no legal implications contained within this report

6. EQUALITY OR SUSTAINABILITY IMPACTS

There are no equality or sustainability implications associated with the contents of this report

7. RECOMMENDATIONS

The Board is recommended to:

- Receive and note the contents of this report



REPORT TO BOARD OF DIRECTORS

DATE:	31 st January 2024				
SUBJECT:	Board Assurance Framework 2023/24 Q3 Position				
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs				
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	SR06	SR07	SR08	SR09	SR10
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Decision				
EXECUTIVE SUMMARY:	<p>The proposed Q3 position of the BAF risks with associated CRR risks scored ≥ 15 can be viewed in Appendix 1. There remain a number of mitigating actions due for delivery by the end of March 2024.</p> <p>The BAF Heat Maps for 2023/24 year to date can be viewed in Appendix 2.</p> <p>The Executive Leadership Committee (ELC) recommend the following Q3 changes:</p> <ul style="list-style-type: none"> • Decrease of SR04 from 16 to 12. 				
RECOMMENDATIONS:	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> • Approve the 2023/24 Q3 Position of the Board Assurance Framework. 				
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Compliance/Regulatory <input checked="" type="checkbox"/> Quality Outcomes <input checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Financial / Value for Money <input checked="" type="checkbox"/> Reputation <input checked="" type="checkbox"/> Innovation 				
INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 4 OF REPORT					
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 5 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>	
PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee and Audit Committee				
	Date:	17 th and 19 th January 2024			
	Outcome:	ELC Recommended to Board for approval.			

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1. PURPOSE

This paper provides the opportunity for the Board of Directors to review the 2023/24 Q3 Position of the Board Assurance Framework (BAF) position, along with the Corporate Risk Register risks scored ≥ 15 that are aligned to each BAF risk.

2. BACKGROUND

The Board Assurance Framework (BAF) identifies the strategic risks and ensuring that systems and controls are in place are adequate to mitigate any significant risk which may threaten the achievements of the strategic objectives.

Whilst the Board of Directors delegates authority to its Board Assurance Committees to monitor assurance against its strategic risks, it is ultimately responsible for the oversight of the BAF and the Board Assurance Committees are expected to escalate any significant assurance issues as they arise.

3. REVIEW OF THE STRATEGIC RISKS 2023/24 Q3 POSITION

The proposed 2023/24 Q3 Position of the Board Assurance Framework with associated Corporate Risk Register risks scored 15 and above can be viewed in Appendix 1.

A point of note for the Board is the number of mitigating actions due for delivery by the end of March 2024, which have been highlighted to the Board Assurance Committees during January to gain assurance on the likelihood of delivery and maintain oversight.

The BAF Heat Maps for 2023/24 year to date can be viewed in Appendix 2.

The proposed changes to note are:

SR04: There is a risk that the Trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes.

- Decrease in current risk score for Q3 from 16 to 12

Opening Score 01.04.2023	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Exec Lead
16 4x4 CxL	16 4x4 CxL	16 4x4 CxL	12 4x3 CxL	Lisa Ward

The risk has decreased in risk score following review, with the following rationale applied by the Executive Lead:

1. Vacancy gap for EMTs and Paramedics at 2.8% against new establishment incorporating UEC growth.
2. Mitigations in place to maximise course fulfilment in Q4.

3. Extensive external recruitment campaigns to commence in Q4.
4. Good progress made against plans during Q3.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS (*including consideration of the Trust's Risk Appetite Statement*)

The Board Assurance Framework and the Corporate Risk Register forms part of the Trust's risk management arrangements and supports the Board in meeting its statutory duties.

5. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

6. RECOMMENDATIONS

The Board of Directors is recommended to:

- Approve the 2023/24 Q3 Position of the Board Assurance Framework.



BOARD ASSURANCE FRAMEWORK 2023/24

Q3 Position

Board of Directors

31st January 2024

nwas.nhs.uk

Q4 2023/24 Reporting Timescales:

Executive Leadership Cttee:	17/04/2024
Audit Cttee:	19/04/2024
Resources Cttee:	24/05/2024
Quality & Performance Cttee:	22/04/2024
Board of Directors:	24/05/2024



BOARD ASSURANCE FRAMEWORK KEY

Risk Rating Matrix (Likelihood x Consequence)

Consequence ↓	Likelihood →				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Low	10 Moderate	15 High	20 High	25 High
Major 4	4 Low	8 Moderate	12 Moderate	16 High	20 High
Moderate 3	3 Low	6 Moderate	9 Moderate	12 Moderate	15 High
Minor 2	2 Low	4 Low	6 Moderate	8 Moderate	10 Moderate
Negligible 1	1 Low	2 Low	3 Low	4 Low	5 Low

Director Lead:

CEO	Chief Executive
DoQII	Director of Quality, Innovation & Improvement
MD	Medical Director
DoF	Director of Finance
DOO	Chief Operating Officer
DoP	Director of People
DoCA	Director of Corporate Affairs

Board Assurance Framework Legend

BAF Risk	The title of the strategic risk that threatens the achievement of the aligned strategic priority			
Rationale for Current Risk Score	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk			
Risk Appetite	The total amount of risk an organisation is prepared to accept in pursuit of its strategic objectives			
Controls	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority			
Assurances	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk			
Evidence	This is the platform that reports the assurance			
Gaps in Controls	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk			
Gaps in Assurance	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk			
Required Action	Actions required to close the gap in control(s)/ assurance(s)			
Action Lead	The person responsible for completing the required action			
Target Completion	Deadline for completing the required action			
Monitoring	The forum that will monitor completion of the required action			
Progress	A RAG rated assessment of how much progress has been made on the completion of the required action			
	Incomplete/ Overdue	In Progress	Completed	Not Commenced



BOARD ASSURANCE FRAMEWORK DASHBOARD 2023/24

BAF Risk	Committee	Exec Lead	01.04.23	Q1	Q2	Q3	Q4	2023/24 Target	Aspirational Target
SR01: There is a risk that the Trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction	Quality & Performance	MD	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL		15 5x3 CxL	5 5x1 CxL
SR02: There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services	Resources	DoF	16 4x4 CxL	16 4x4 CxL	12 4x3 CxL	12 4x3 CxL		12 4x3 CxL	8 4x2 CxL
SR03: There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care	Quality & Performance	COO	20 5x4 CxL	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL		15 5x3 CxL	5 5x1 CxL
SR04: There is a risk that the Trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes	Resources	DoP	16 4x4 CxL	16 4x4 CxL	16 4x4 CxL	12 4x3 CxL		8 4x2 CxL	4 4x1 CxL
SR05: There is a risk that the Trust does not deliver its People Strategy to improve its culture and staff engagement and this impacts on NWAS being a brilliant place to work.	Resources	DoP	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL		12 4x3 CxL	4 4x1 CxL
SR06: There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action	Quality & Performance	DoQII	10 5x2 CxL	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL		10 5x2 CxL	5 5x1 CxL
SR07: There is a risk that the Trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment	Resources	COO	8 4x2 CxL	8 4x2 CxL	8 4x2 CxL	8 4x2 CxL		4 4x1 CxL	4 4x1 CxL
SR08: There is a risk the Trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm	Resources	DoQII	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL		10 5x2 CxL	5 5x1 CxL
SR09: There is a risk that the Trust attracts negative media attention arising from long delays and harm leading to significant loss of public confidence	Resources	COO	10 5x2 CxL	10 5x2 CxL	10 5x2 CxL	10 5x2 CxL		10 5x2 CxL	10 5x2 CxL
SR10: (Sensitive Risk):	Resources	COO	16 4x4 CxL	16 4x4 CxL	16 4x4 CxL	12 4x3 CxL		12 4x3 CxL	8 4x2 CxL

BOARD ASSURANCE FRAMEWORK 2023/24

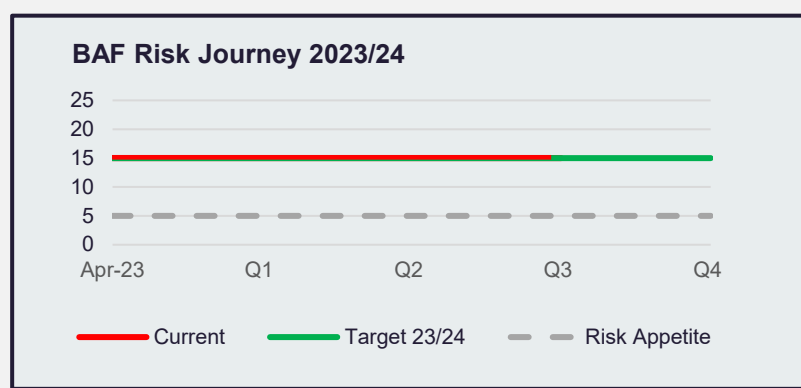
BAF RISK SR01:

There is a risk that the Trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction

Executive Director Lead:

MD

Risk Appetite Category: Quality Outcomes – Low



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	15	15	15	15		15	5
	5x3	5x3	5x3	5x3		5x3	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded	Exceeded		Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of this BAF risk remains at a score of 15 due to activity and hospital turnaround times remaining high. The average hospital handover times have increased by 7 minutes, with a worsened position in Cheshire and Mersey. The NWAS Winter Plan was enacted and is influenced by ongoing NHS industrial action and winter flu and viruses. 999 call volume is stable, and call pick up mean is 2 seconds. National rankings for response times place NWAS positively and ARP Standards were met for C1 mean and 90th percentile. There has been an increase in 111 activity with performance against national standards significantly challenged. Hear and treat, see and treat and see and convey response times remain stable. Patient Safety Incident Response Framework (PSIRF) has now replaced Serious Incident Framework (SIF) and continues to embed within the organisation. Complaints and incidents remained stable during Q3.

Projected Forecast Q4: **Deteriorating**
Stable
Improving

Rationale: Deteriorating
Due to winter pressures, deteriorating performance and ongoing NHS industrial action. Flu and covid rates are expected to increase during Q4.

CONTROLS	ASSURANCES	EVIDENCE
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QUALITY

Patient Safety Strategy	Level 2: PSIRF Local Priorities Level 2: PSIRF Governance Arrangements: Terms of Reference Level 2: PSIRF Plan and Policy	Reported to QPC (QPC/2324/040) Reported to QPC (QPC/2324/065) Reported to ELC (ELC/2324/211)
Quality Strategy	Level 2: Supporting Strategies	Reported to BoD (BoD/2324/053)
Mental Health Plan	Level 2: Serious Incident Thematic Review – Mental Health (22/23)	Reported to QPC (QPC/2324/110)


Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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QUALITY

Patient Safety Strategy	Work to recruit to vacant posts in PSIRF team	A Wetton / Dr M Power	March 2024	Q&P Cttee	In Progress
	Further training required to ensure embedding of PSIRF learning responses.	A Wetton / Dr M Power	March 2024	Q&P Cttee	In Progress
	Development of safety improvement plans for local priorities informed by data and learning outcomes	A Wetton / Dr M Power	March 2024	Q&P Cttee	In Progress
	Work to ensure Patient Safety Partners are remunerated as per the framework and access information in line with governance requirements.	A Wetton / Dr M Power	July 2024	Q&P Cttee	In Progress
	Patient Safety Partner Policy to be implemented.	Dr M Power	March 2024	Q&P Cttee	In Progress
Safety Culture	Devise a plan to improve performance on safety culture & F2SU	Dr M Power / Dr C Grant	March 2024	Q&P Cttee	In Progress
Learning	New Learning from Experience Policy	Dr M Power	January 2024	Q&P Cttee	In Progress

	Establish an integrated regional learning forum & evaluate effectiveness of area forums (CESC)	Dr M Power	March 2024	Q&P Cttee	Complete
Safety Education	Training needs analysis for safety training	Dr M Power/ Ms L Ward	June 2024	Q&P Cttee	In Progress
Mental Health Plan	Deliver the NWS mental health plan	Dr M Power	March 2024	Q&P Cttee	In Progress
Midwifery Plan	Maternity Policy to be developed	Dr M Power	February 2024	Q&P Cttee	In Progress
	Deliver the NWS Midwifery Plan	Dr M Power	June 2024	Q&P Cttee	In Progress
Medicines management	Scope and procure a medicines management platform for increased oversight	Dr C Grant	March 2024	Q&P Cttee	In Progress
Clinical Audit	Scope and Implement next generation of a Clinical Audit Tool.	Dr C Grant	March 2024	Q&P Cttee	In Progress
DIGITAL					
Digital Capacity 111 Telephony Capacity	Implementation of SIP Telephony	Dr M Power	March 2024	Resources Cttee	In Progress
Digital Strategic Plan	Complete and seek Board approval	Dr M Power	March 2024	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR01

ERM ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
412	Operational/ Emergency Preparedness	There is a risk that, due to a lack of national standards, training, exercising, and subsequent competency assurance, the EOC leadership team are not adequately prepared to manage large scale, significant or major incidents, which may result in serious avoidable patient harm or death and cause significant reputational damage to the Trust.	15 High	15 High		5 Low

BOARD ASSURANCE FRAMEWORK 2023/24

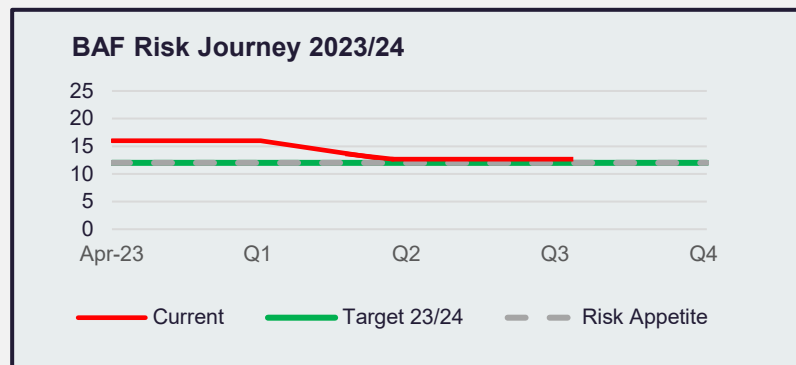
BAF RISK SR02:

There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services

Executive Director Lead:

DoF

Risk Appetite Category: Finance/ VfM – Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
Risk Score	16	16	12	12		12	8
Efficiency	4x4	4x4	4x3	4x3		4x3	4x2
Compliance	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Within	Within		Within	Within

RATIONALE FOR CURRENT RISK SCORE:

The risk score for the Q3 position of this BAF risk SR02 remains at a score of 12. The ICB contracts remain unsigned at this stage but income is being received in full, including UEC recovery funding. There is a year to date surplus as a result of bank interest being greater than planned resulting in an improved year end forecast position. In relation to the efficiency target, achievement remains on plan and there has been a further improvement in year with the full target now identified. There remains a gap of £2.0m to be identified recurrently.

Projected Forecast Q4:

Deteriorating
Stable
Improving


Rationale: Stable

Due to the efficiency target being met and surplus position at the end of Q3.

CONTROLS	ASSURANCES	EVIDENCE			
Opening 2023/24 Financial Plans	Level 2: Financial Plan Update	Reported to Resources Cttee (RC/2324/009) Reported to BoD (BoD/2324/012)			
Recurrent Funding	Level 2: Financial Plan Update	Reported to Resources Cttee (RC/2324/009) Reported to BoD (BoD/2324/012)			
Financial Performance	Level 2: M03 Financial Position Level 2: M04 Financial Position Level 2: M05 Financial Position Level 2: M06 Financial Position Level 2: M07 Financial Position Level 2: M08 Financial Position	Reported to Resources Cttee (RC/2324/032) Reported to ELC (ELC/2324/249) Reported to Resources Cttee (RC/2324/060) Reported to ELC (ELC/2324/369) Reported to Resources Cttee (RC2324/084) Reported to ELC (ELC/2324/454)			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress

FINANCE					
Product and Efficiency Oversight	Establish oversight mechanism through existing service line meeting structures/SMTs.	Ms C Wood	July 2023	Resources Cttee	Complete
2024/25 Financial Planning	Receipt of 2024/25 planning guidance from NHSE	Ms C Wood	January 2024	Resources Cttee	Not Commenced
	Draft 2024/25 Financial Plan (Revenue & Capital)	Ms C Wood	March 2024	Resources Cttee / BoD	In Progress
	Approval of 2024/25 Financial Plans by Resources Cttee & BoD	Ms C Wood	March 2024	Resources Cttee / BoD	Not Commenced

Operational Risks Scored 15+ Aligned to BAF Risk: SR02

ERM ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
Commercially Sensitive Risk – FOI Act Section 43 – Commercial Interests						
317	Operational/ People	Commercially Sensitive:	20 High	15 High		10 Moderate

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR03:

There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care

Executive Director Lead:

COO

Risk Appetite Category: Quality Outcomes – Low

BAF RISK SCORE JOURNEY:



	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	20	15	15	15		15	5
	5x4	5x3	5x3	5x3		5x3	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of this BAF risk remains at a score of 15 due to an increase in long waits due to increased hospital handover times impacting the UEC system. The Trust has consistently achieved ARP call pick up standards and 111 has delivered improved performance for Q3 vs previous years both in terms of calls answered and CPU KPIs. This is due to improved recruitment and national call handling support. C1 90th standard has been sustained however due to increases in hospital handovers times across the systems, other ARP standards are not and unlikely to be achieved during Q4. The UEC recovery plan is progressing well however, the benefits of increases in hear & treat via C2 segmentation are not yet being experienced. The operational modelling from staff deployment is complete, with all additional vehicles expected to be active in the rostering system (GRS) by the end of January. Recruitment specific to UEC recovery is not likely to deliver all staff until the end of Q1 2024-25 due to the time taken to recruit and train the numbers of staff needed. Whilst PTS performance is relatively stable, the service line is experiencing challenges regarding management capacity and access to sufficient numbers of private ambulance provision which is being addressed via a focussed improvement plan to increase multi-patient loading of vehicles were possible.

Projected Forecast Q4:

Deteriorating
Stable
Improving

Rationale: Deteriorating

The trust continues to experience increased hospital handover times across the systems which is significantly impacting our ability to deliver services safely and ARP standards are unlikely to be achieved in Q4.

CONTROLS	ASSURANCES	EVIDENCE			
Recruitment Plan Clinical Hub and Operational Staff	Level 2: Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recurrent Financial Gap 111	111 Financial gap is unresolved in that the contract has been extended until 2025.	Mr S Desai	2025	ELC	In Progress
Service Delivery Leadership Review (SR09)	Delivery of SDLR to improve working practices	Mr S Desai	March 2024	Q&P Cttee	In Progress
Recruitment Plan Clinical Hub and Operational Staff (SR09)	Robust recruitment plan to be delivered to maximise resources to the most efficient level	Mr S Desai Mrs L Ward	March 2024	Q&P Cttee	In Progress
Reduce Hospital Handovers	Hospital handover management with ICBs and acute providers	Mr S Desai Dr M Power	March 2024	Q&P Cttee	In Progress
Improve Hear and Treat Performance	Improve Hear and Treat Performance from 15% to 20%	Mr S Desai	March 2024	Q&P Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR03

ERM ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk.

BOARD ASSURANCE FRAMEWORK 2023/24

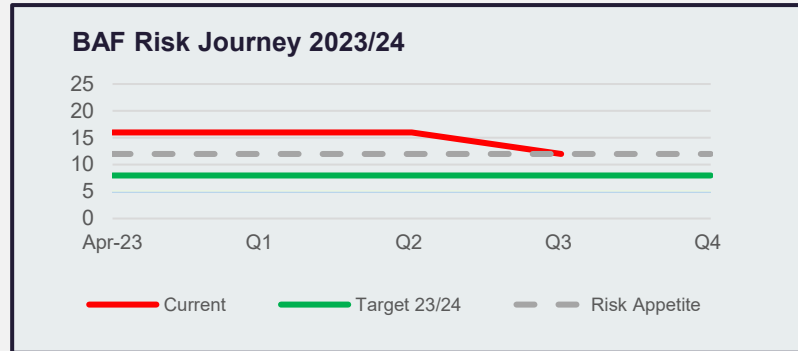
BAF RISK SR04:

There is a risk that the Trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes

Executive Director Lead:

DoP

Risk Appetite Category: People - Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
Risk Score	16	16	16	12		8	4
Score Multiplier	4x4	4x4	4x4	4x3		4x2	4x1
Risk Appetite	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite Status	Exceeded	Exceeded	Exceeded			Within	Below

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of this BAF risk has reduced to a score of 12. At the end of Q3 the frontline emergency staffing position for EMTs and Paramedics shows a 2.8% vacancy gap against the new establishment incorporating UEC growth. This is a reasonable position moving into Q4. Ambitious recruitment plans are in place for Q4 to deliver required growth. Additional mitigations have been put in place to maximise course fulfilment in Q4. Current frontline recruitment for PES and EOC is on track. Additional capacity to support closure of PTS vacancy position built into Q3/4. 111 continues to present the greatest risk and gaps are unlikely to be fully closed across the year but performance is stable. Major external recruitment campaign commences at start of Q4. Additional funding to invest in capacity to support sickness and wellbeing has completed in Q3. Work to improve attendance is ongoing. End of October data shows year to date sickness 1.23% below same period last year. The overall 1.8% reduction target remains challenging. Overall good progress has been made in delivering against plans and this enables the reduction in the likelihood score to possible from likely.

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Stable
The scale of plans remain ambitious with delivery still required across Q4.

CONTROLS	ASSURANCES	EVIDENCE
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Recruitment Plans	Level 2: Workforce Indicators Assurance Report Level 2: Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/096) Reported to Resources Cttee (RC/2324/
111 Retention Plans	Level 2: Workforce Indicators Assurance Report	Reported to Resources Cttee (RC/2324/096)
Sickness and Wellbeing Assurance	Level 2: Wellbeing Biannual Assurance Report Level 2: Staff Health and Wellbeing Annual Report 2022/23 Level 2: Absence and Health and Wellbeing Assurance Report	Reported to Resources Cttee (RC/2324/016) Reported to Resources Cttee (RC/2324/040) Reported to Resources Cttee (RC/2324/097)
Flu Vaccination	Level 2: Flu Campaign 2023/24 Level 2: Workforce Indicators Assurance Report	Reported to Resources Cttee (RC/2324/067) & BoD (BoD/2324/087) Reported to Resources Cttee (RC/2324/096)
Attendance	Level 2: Workforce Indicators Assurance Report	Reported to Resources Cttee (RC/2324/096)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recruitment Plans	Delivery of UEC recovery growth	Ms L Ward	March 2024	Resources Cttee	In Progress
	Delivery of international recruitment targets	Ms L Ward	March 2024	Resources Cttee	In Progress
Retention Plans	Delivery of Retention Plans	Ms L Ward	March 2024	Resources Cttee	In Progress
Attendance	Delivery of AIT improvement plans	Ms L Ward	March 2024	Resources Cttee	In Progress
Flu Vaccination	Delivery 2023/24 Campaign	Ms L Ward	Feb 2024	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR04

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk

BOARD ASSURANCE FRAMEWORK 2023/24

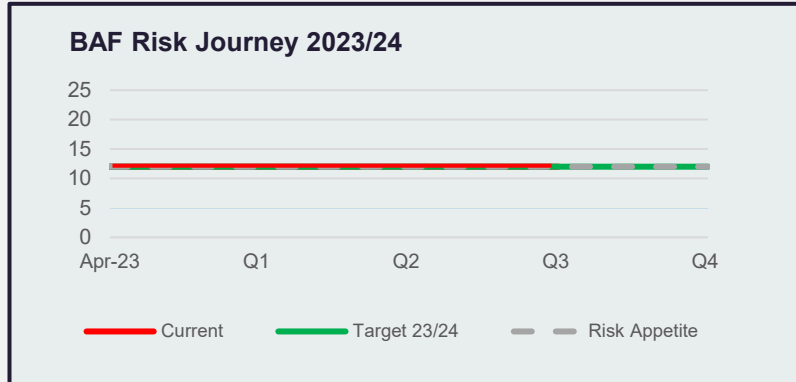
BAF RISK SR05:

There is a risk that the Trust does not deliver its People Strategy to improve its culture and staff engagement and this impacts on NWS being a brilliant place to work.

Executive Director Lead:

DoP

Risk Appetite Category: People - Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
Score	12	12	12	12		12	4
Rating	4x3	4x3	4x3	4x3		4x3	4x1
Risk Appetite	CxL	CxL	CxL	CxL	CxL	CxL	CxL
	Within	Within	Within	Within		Within	Below

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of this BAF risk remains at a score of 12. Initial 2023 staff survey results indicate **continued** progress has been made across a range of indicators and that overall the Trust is average or slightly above average for the sector against the key People Promise themes. Staff survey 2023 also shows **significantly** improved response rate. Progress continues to be made in delivering planned improvements set out in annual plans through the leadership development programme Making a Difference; roll out of the revised disciplinary policy; changes to induction to embed Civility Saves Lives; reverse mentoring programme; CPD platform launch; aspirant EMT1 development programme launch; sexual safety steering group work. The People Strategy has been approved and clear plans commenced for 23/24 on a range of cultural and inclusion improvement. **The Trust has also been selected to take part in the second wave Retention Exemplar programme.**

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Stable

Plans are in place to deliver improvement but many will deliver longer term impact. Improvement will be realised Q4 2023/24 and into the following year.

CONTROLS	ASSURANCES	EVIDENCE
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EDI Annual Report	Level 2: EDI Annual Report 2022/23	Reported to Resources Cttee (RC/2324/017) Reported to BoD (BoD/2324/038)
People Strategy	Level 2: Supporting Strategies Level 2: 2023/24 Annual Plan Q2 Assurance	Reported to BoD (BoD/2324/053) Reported to Resources Cttee (RC/2324/083)
EDI Priorities	Level 2: WRES WDES Gender Pay Gap Reporting Level 2: Strategic Workforce Chairs Assurance Report Level 2: Diversity and Inclusion Chairs Assurance Report	Reported to Resources Cttee (RC/2324/041) Reported to Resources Cttee (RC/2324/068) Reported to Resources Cttee (RC/2324/098)
Wellbeing	Level 2: Sickness Absence & Assurance Update Level 2: Staff Health and Wellbeing Annual Report 2022/23 Level 2: Absence and Health and Wellbeing Assurance Report	Reported to Resources Cttee (RC/2324/016) Reported to Resources Cttee (RC/2324/040) Reported to Resources Cttee (RC/2324/097)
Leadership	Level 2: Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)
Sexual Safety Campaign	Level 2: D&I Sub Committee Chairs Assurance Report	Reported to Resources Cttee (RC/2324/098)
Staff Survey	Level 2: National Staff Survey 2023 Level 2: Strategic Workforce Chairs Assurance Report	Reported to ELC (ELC/2324/235) Reported to Resources Cttee (RC/2324/068)
Operations and Clinical Management Restructure	Level 2: Leadership Review	Reported to ELC (ELC/2324/432)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Operations and Clinical Management Restructure	Implementation of Operational & Clinical management Restructure	Mr S Desai Ms L Ward Dr C Grant	March 2024	ELC	In Progress
EDI Priorities	Delivery of Year 3 Action Plans (workforce elements)	Ms L Ward	March 2024	Resources Cttee	In Progress
Fully Embedding Just Culture Principles	Evaluation of Disciplinary Procedure	Ms L Ward	March 2024	Resources Cttee	In Progress
Partnership Agreement	Review of Partnership Agreement	Ms L Ward	September 2024	ELC	In Progress

Wellbeing	Implementation of mental health pledge and AACE commitment	Ms L Ward	2023/24	Resources Cttee	In Progress
Leadership	Delivery of full Making a Difference Programme	Ms L Ward	June 2024	Resources Cttee	In Progress
Sexual Safety Campaign	Delivery of Campaign	Ms L Ward	March 2024	Resources Cttee	In Progress
Staff Survey	Delivery of Staff Survey 2023	Ms L Ward	December 2023	Resources Cttee	Complete
	Development of Trust and Local plans from 2023 survey	Ms L Ward	March 2024	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR05

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR06:

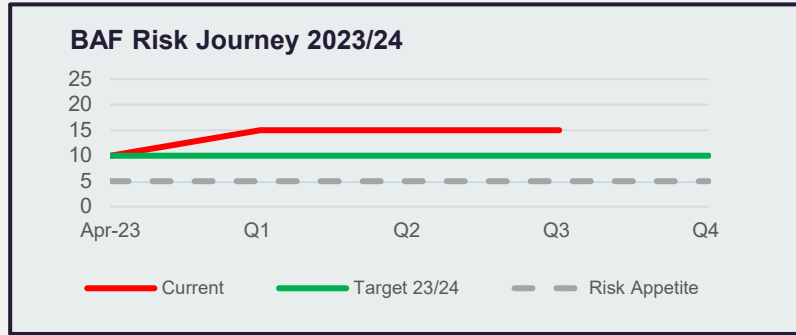
There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action

Executive Director Lead:

DoQII

Risk Appetite Category: Compliance & Regulatory – Low

BAF RISK SCORE JOURNEY:



	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
Risk Score	10	15	15	15		10	5
Quality	5x2	5x3	5x3	5x3		5x2	5x1
Risk Appetite	CxL	CxL	CxL	CxL	CxL	CxL	CxL
	Within	Exceeded	Exceeded	Exceeded		Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of this BAF risk remains at a score of 15. Whilst constant engagement continues with the CQC, a new relationship owner was assigned to the Trust. Planning continues to transition to the CQC single assessment framework that involves changes to the NWS quality assurance visit processes. Stage 2 of the HSE inspectorate visits await to be scheduled. We have also notified NHSE of some delays in submitting clinical audit data (ACQI) due to our transition to EPR and the challenges of extracting information. Information governance mandatory training compliance remains below the 95% standard required to meet standards. The two risks associated with Lithium-Ion batteries remain however mitigation has been put into place relating to operational responses which will reduce that risk score. A planned review of national legislation into the Duty of Candour was announced during Q3, alongside an audit review by MIAA. The fit testing team was established during Q3. The risk associated with controlled drugs licensing remains.

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Stable
Progress is being made, however some of the identified inspections, gaps in controls and actions will not be completed until Q4.

CONTROLS	ASSURANCES	EVIDENCE
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PEOPLE

Mandatory Training Compliance (85%)	<p>Level 2: Workforce Indicators Assurance Report</p> <p>Level 2: Integrated Performance Report</p> <p>Level 2: Strategic Workforce Chairs Assurance Report</p>	<p>Reported to Resources Cttee (RC/2324/096)</p> <p>Reported to BoD (BoD/2324/104)</p> <p>Reported to Resources Cttee (RC/2324/068)</p>
Appraisal Compliance 2023/24	<p>Level 2: Strategic Workforce Chairs Assurance Report</p> <p>Level 2: Workforce Indicators Assurance Report</p> <p>Level 2: Integrated Performance Report</p>	<p>Reported to Resources Cttee (RC/2324/068)</p> <p>Reported to Resources Cttee (RC/2324/096)</p> <p>Reported to BoD (BoD/2324/104)</p>

QUALITY & SAFETY IMPROVEMENTS




Quality Assurance Processes	<p>Level 2: Quality Assurance Visits Biannual Report 2023/24</p>	Reported to QPC (QPC/2324/069)
Duty of Candour	<p>Level 2: Duty of Candour Update</p>	Reported to ELC (ELC/2324/163, ELC/2324/236)
Fit Testing	<p>Level 2: IPC Annual Report 2022/23</p>	<p>Reported to QPC (QPC/2324/068)</p> <p>Reported to BoD (BoD/2324/081)</p>

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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QUALITY & SAFETY IMPROVEMENTS					
Quality Assurance Processes	Redesign of Quality Assurance Visits and other safety checks and systems to align with new regulatory model	Dr M Power	March 2024	Q&P Cttee	In Progress
Clinical Audit Submissions	Development of Clinical Audit tool to ensure new e-PRF can be audited	Dr C Grant Dr M Power	March 2024	Q&P Cttee	In Progress
Controlled Drugs and Medicines Management	Review and refresh all medicines and controlled drugs policies and procedures and monitor compliance.	Dr C Grant	March 2024	Q&P Cttee	In Progress
Duty of Candour	Ongoing compliance monitoring and action plan to strengthen position with associated reporting for assurance. MIAA Audit being undertaken Q3/4	Dr M Power	March 2024	Q&P Cttee	In Progress

Essential Checks	Improve compliance around vehicle and premises checks	Mr S Desai	March 2024	Q&P Cttee	In Progress
	Improve compliance on tyre and medicine checks in Safecheck to 90%	Mr S Desai	March 2024	Q&P Cttee	In Progress
Fit Testing	Establish internal fit testing team and maintain compliance	DIPC	March 2024	Q&P Cttee	In Progress
Information Governance	Improve compliance on mandatory training to 95%	Dr M Power L Ward	March 2024	Resources Cttee	In Progress
Electronic Quality Measurement Auditing/Reporting Systems	Develop automated systems for non-clinical audits	Dr M Power	December 2023	Q&P Cttee	In Progress
PEOPLE					
Appraisal Compliance 2023/24	Achieve 85% compliance	Ms L Ward	March 2024	Resources Cttee	In Progress
Mandatory Training Compliance 2023/24	Achieve 85% compliance	Ms L Ward	March 2024	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR06

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
318	Operational/ Patient Safety	There is a risk that due to the variation in security provisions at ambulance bases where controlled drugs (CDs) are stored, the Trust will breach Home Office licence security requirements resulting in subsequent enforcement action and/or removal of the licence leading to a significant adverse impact in the Trust's ability to provide emergency care.	15 High	15 High		5 Low
474	Strategic/ Estates & Facilities Management	There is a risk that a fire on NWS premises involving a lithium-ion battery may present a serious threat of harm to staff and catastrophic damage to the premises itself.	15 High	15 High		5 Low
475	Strategic/People	There is a risk that NWS Operational Staff as part of their duties may be involved in an incident that involves a fire involving Lithium-Ion batteries that will expose them and potentially their patients to the threat of serious harm.	15 High	15 High		5 Low

BOARD ASSURANCE FRAMEWORK 2023/24

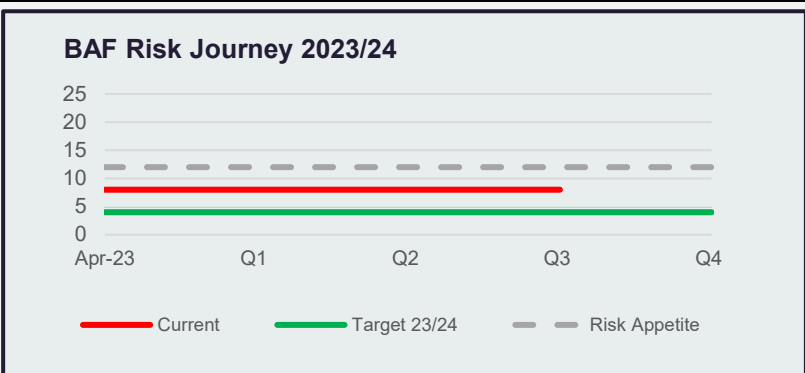
BAF RISK SR07:

There is a risk that the Trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment

Executive Director Lead:

COO

Risk Appetite Category: Reputation – Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	8	8	8	8		4	4
	4x2	4x2	4x2	4x2		4x1	4x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Within	Within	Within	Within		Below	Below

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of this BAF risk remains at a risk score of 8. Area teams need to work more closely with partner organisations to shape external service delivery processes as well as ensuring we have constructive dialogue with partners at the right level. A mapping exercise was conducted in 2022 and will be refreshed in Q4 23/24 in each of the areas. Areas are aware of the external meetings that require attendance. It is also important to evidence the external engagement with partners in the health and social care system and for this should be recorded in the Knowledge Vault as assurance for the trust. Compliance challenges remain in 1 out of the 3 areas of the trust and this is currently being addressed.

Projected Forecast Q4:

Deteriorating
Stable
Improving

Rationale: Improving

Focus on external engagement and relationship management remains in all areas.

CONTROLS	ASSURANCES	EVIDENCE			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Knowledge Vault	Utilisation of the KV by all three areas of the Trust	Mr S Desai	Q4	Resources Cttee	In Progress
External Engagement Assurance	Service Delivery areas to provide evidence that important external meetings are being attended	Mr S Desai	Q4	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR07

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk

BOARD ASSURANCE FRAMEWORK 2023/24

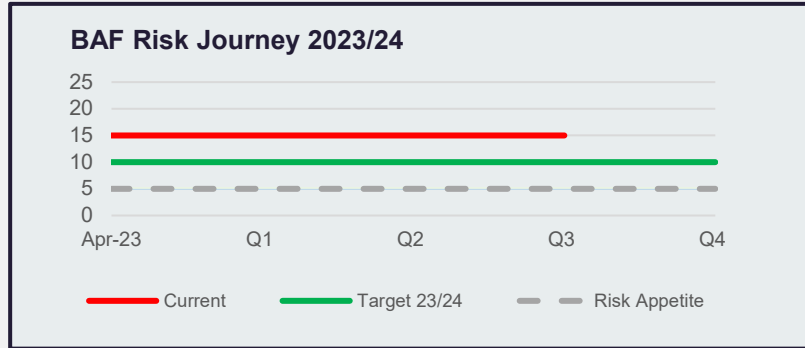
BAF RISK SR08:

There is a risk the Trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm

Executive Director Lead:

DoQII

Risk Appetite Category: Compliance/Regulatory - Low



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
Risk Score	15	15	15	15		10	5
Control Level	5x3	5x3	5x3	5x3		5x2	5x1
Compliance	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded	Exceeded		Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of the BAF remains at a score of 15. There continues to be a high threat of cyber-attacks, which is based on global cyber activity and threat levels. The Trust continues to be responsive to nationally issued guidance and is progressing the cyber security work plan. Work is ongoing towards submission of the DSPT in June 2024, with an action plan developed for Data Security Awareness training which is at 87%. Patching compliance remains high, with good oversight of cyber controls. Penetrations tests are planned for Q4 and will be undertaken by a new supplier in compliance with best practice for rotation. The Trust continues to work in partnership with other Trusts, NHSE and suppliers on cyber threats and intelligence.

Projected Forecast Q4:



Deteriorating
Stable
Improving

Rationale: Stable

Despite increased risk of cyber globally, we continue to add threat protection software, increase surveillance and remain vigilant in responding to national alerts from NHSE which under normal circumstances would reduce the risk, hence the risk remains stable as the gains in internal controls are offset by the external environment.

CONTROLS	ASSURANCES	EVIDENCE			
Patching (999 and NHS 111)	Level 2: Digital Strategy Update	Reported to Resources Cttee (RC/2324/14, RC/2324/099)			
Data Security Protection Toolkit Compliance	Level 2: Information Governance Sub Committee Chairs Assurance Report	Reported to Audit Cttee (AC/2324/08, AC/2324/060, AC/2324/85)			
SIRO Key Performance Indicators	Level 2: Information Governance Sub Committee Chairs Assurance Report	Reported to Audit Cttee (AC/2324/08, AC/2324/060)			
SIRO Annual Report	Level 2: SIRO Annual Report 2022/23	Reported to Audit Cttee (AC/2324/59) Reported to BoD (BoD/2324/60)			
Supported Systems (Unsupported Servers 2008)	Level 2: Digital Update	Reported to Resources Cttee (RC/2324/099)			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Supported Systems	Upgrade windows operating systems to within a supported 12 month version	Dr M Power	January 2024	Audit Cttee	In Progress
Patching (999 and NHS 111)	Enable monthly failover & patching opportunities	Dr M Power	January 2024	Audit Cttee	In Progress
Data Security Protection Toolkit Compliance	Achieve 95% compliance with Data Security Awareness Training	Dr M Power	March 2024	Audit Cttee	In Progress
	Implement findings from DSPT Audit	Dr M Power	March 2023	Audit Cttee	In Progress
Out of Hours Resilience	Implement recommendations from desktop worst case scenario	Dr M Power	March 2024	Audit Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR08

ERM ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
330	Operational/ Digital and Innovation	There is a risk that due to gaps in controls and user education/awareness, the Trust may be subject to a ransomware attack resulting in disruption to digital operations including critical systems, causing an impact to normal business operations.	15 High	15 High		5 Low
331	Operational/ Digital and Innovation	There is a risk that due to digital expansion/interoperability increasing the Trust's attack surface which in turn increases overall risk to the Trust resulting in a loss of critical systems and business disruption or exfiltration of confidential data.	12 Moderate	16 High		4 Low

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR09:

There is a risk that the Trust continues to attract negative media attention arising from long delays and harm leading to significant loss of public confidence

Executive Director Lead:

COO

Risk Appetite Category: Reputation – Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	10	10	10	10		10	10
	5x2	5x2	5x2	5x2		5x2	5x2
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Within	Within	Within	Within		Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q3 position of this BAF risk remains at a risk score of 10. Whilst the trust is performing well in Q3, industrial action and hospital handover delays attract negative media attention. Negativity arising from long delays and potential harm is a constant risk that requires annual communications plans and approaches that can respond to seasonal and other circumstantial demands. Our aim is to keep the risk at a moderate and managed level.

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Stable

The trust is seeing an increase in demand and an increase in delays at hospital impacting on our ability to respond to 999 calls. This may result in greater media interest and adverse coverage.

CONTROLS	ASSURANCES	EVIDENCE			
Communications and Engagement Dashboard	Level 2: Q1 Assurance Level 2: Q2 Assurance	Reported to BoD (BoD/2324/40) Reported to BoD (BoD/2324/109)			
Recruitment Plan Clinical Hub and Operational Staff	Level 2: Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Production of operational service lines demand management plans for NHS 111 and PES	Operational service lines to produce their own demand management plans and share them with the Communications Team so that communications approaches can be aligned.	Mr S Desai	Ongoing throughout 23/24	ELC QPC	In Progress
Service Delivery Leadership Review	Delivery of SDLR to improve working practices	Mr S Desai	March 2024	Q&P Cttee	In Progress
	Maximise resources to the most efficient level	Mr S Desai	March 2024	Q&P Cttee	In Progress
Recruitment Plan Clinical Hub and Operational Staff	Robust recruitment plan to be delivered	Mr S Desai Mrs L Ward	March 2024	Q&P Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR09

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk

Appendix 2:
2023/24 Board Assurance Framework (BAF) Heat Maps
Q3 Position



2023/24 Opening BAF Risk Scores							
Consequence	5 Catastrophic	5	5	10	15	20	25
	4 Major	4	8	12	16	20	20
	3 Moderate	3	6	9	12	15	15
	2 Minor	2	4	6	8	10	10
	1 Insignificant	1	2	3	4	5	5
Populated: 14 April 2023	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q1 BAF Risk Scores							
Consequence	5 Catastrophic	5	5	10	15	20	25
	4 Major	4	8	12	16	20	20
	3 Moderate	3	6	9	12	15	15
	2 Minor	2	4	6	8	10	10
	1 Insignificant	1	2	3	4	5	5
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q2 BAF Risk Scores							
Consequence	5 Catastrophic	5	5	10	15	20	25
	4 Major	4	8	12	16	20	20
	3 Moderate	3	6	9	12	15	15
	2 Minor	2	4	6	8	10	10
	1 Insignificant	1	2	3	4	5	5
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q3 BAF Risk Scores							
Consequence	5 Catastrophic	5	5	10	15	20	25
	4 Major	4	8	12	16	20	20
	3 Moderate	3	6	9	12	15	15
	2 Minor	2	4	6	8	10	10
	1 Insignificant	1	2	3	4	5	5
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q4 BAF Risk Scores							
Consequence	5 Catastrophic	5	5	10	15	20	25
	4 Major	4	8	12	16	20	20
	3 Moderate	3	6	9	12	15	15
	2 Minor	2	4	6	8	10	10
	1 Insignificant	1	2	3	4	5	5
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

2023/24 Target BAF Risk Scores							
Consequence	5 Catastrophic	5	5	10	15	20	25
	4 Major	4	8	12	16	20	20
	3 Moderate	3	6	9	12	15	15
	2 Minor	2	4	6	8	10	10
	1 Insignificant	1	2	3	4	5	5
Populated: 14 April 2023	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Aspirational Target BAF Risk Scores							
Consequence	5 Catastrophic	5	5	10	15	20	25
	4 Major	4	8	12	16	20	20
	3 Moderate	3	6	9	12	15	15
	2 Minor	2	4	6	8	10	10
	1 Insignificant	1	2	3	4	5	5
Populated: 14 April 2023	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	



REPORT TO BOARD OF DIRECTORS

DATE:	31 st January 2024				
SUBJECT:	Board and Committee Calendar 2024/25				
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs				
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	SR06	SR07	SR08	SR09	SR10
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Decision				
EXECUTIVE SUMMARY:	<p>The proposed meetings dates for the Board of Directors and its Committees for 2024/25 can be seen in s3 of the report.</p> <p>These dates have been shared with Committee Chairs and Executive colleagues for agreement prior to presenting to Board.</p>				
RECOMMENDATIONS:	The Board of Directors are requested to approve the Corporate Calendar 2024/25.				
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p><input checked="" type="checkbox"/> Compliance/Regulatory</p> <p><input type="checkbox"/> Quality Outcomes</p> <p><input type="checkbox"/> People</p> <p><input type="checkbox"/> Financial / Value for Money</p> <p><input type="checkbox"/> Reputation</p> <p><input type="checkbox"/> Innovation</p>				
INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT					
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>	
PREVIOUSLY CONSIDERED BY:	N/A				
	Date:	N/A			
	Outcome:	N/A			

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1. PURPOSE

The purpose of this report is to present the proposed Board of Directors and Committee dates for 2024/25 for approval.

2. BACKGROUND

Following circulation of the draft dates to executive colleagues and Committee Chairs, the Corporate Calendar for 2024/25 has taken into consideration any feedback received from Board members.

3. CORPORATE CALENDAR 2024/25

Meeting	Dates
Board of Directors 9.45am – 3.00pm Bimonthly	24th April (short meeting) 29th May 19th June (Year End) 31st July 25 th September 27th November 29th January 26 th March
Board Development 9.30am – 4.30pm Bimonthly	24 th April (timing to be confirmed) 26 th June 30th October 11 th December 26 th February
Charitable Funds Committee 10.00am – 11.30am Quarterly	8 th May (3.00pm – 4.30pm) 11 th September 13th November 12 th February
Nominations and Remuneration Committee 9.00am – 9.45am Bimonthly (as required)	24th April 29 th May 31 st July 25 th September 27 th November 29 th January 26 th March
Audit Committee 10.00am – 12.00pm Quarterly	19th April 17 th May 19 th June (Year End) 19 th July 18 th October 17 th January
Quality and Performance Committee 1.00pm – 4.00pm Monthly	22 nd April 20 th May 24 th June 29 th July 23 rd September 28 th October 25 th November 27 th January 24 th February 24 th March

Resources Committee 10.00am – 1.00pm Bimonthly	24 th May 26 th July 20 th September 22 nd November 24 th January 21 st March
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Membership of Committees will be reported to the Board of Directors in March 2024. Diary invites have been distributed to all Board Members for all meetings based on the current membership and will be updated accordingly in the event of any changes.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

There are no specific legal implications, however there are governance and regulatory implications in terms of the establishment and membership of Board committees.

5. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

6. RECOMMENDATIONS

The Board of Directors are requested to approve the Corporate Calendar 2024/25.



CHAIRS ASSURANCE REPORT

Charitable Funds Committee

Date of Meeting:	17 th January 2024	Chair:	Mr D Rawsthorn
Quorate:	Yes	Executive Leads:	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Mrs A Wetton, Director of Corporate Affairs Mrs C Butterworth, Non-Executive Director Mr D Whatley, Associate Non-Executive Director Dr D Hanley, Non-Executive Director Mrs C Wood, Director of Finance Mr S Desai, Deputy Chief Executive/Chief Operating Officer	Key Members Not Present:	Ms L Ward, Director of People

Link to Board Assurance Framework (Strategic Risks): N/A

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Charitable Funds Risk Register	The risk register was presented to the Committee, developed in line with the Charity Commission for England and Wales (CC26) model of risk management.	Noted the comprehensive risk register and assurance provided.	
Charitable Funds Update	A financial update was provided up to 31 st December 2023. Total income received in 2023-24 to date is £176k	Noted the assurances provided.	


Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance






	<ul style="list-style-type: none"> £66k unrestricted fund, £110k restricted fund. <p>Total expenditure in 2023-24 is £404k</p> <ul style="list-style-type: none"> £169k unrestricted fund, £235k restricted fund. <p>Total available fund balances are £1,048k</p> <ul style="list-style-type: none"> £452k unrestricted fund, £596k restricted fund. <p>The Committee noted the summary of activity undertaken during Q3 2023/24.</p>		
Fundraising Update	The Fundraising Manager provided a summary of the fundraising activities and initiatives undertaken during Q3, together with an overview of forward planning.	Noted the assurances provided.	
Fundraising Regulator Code of Conduct	The Committee received the outcome of a review against the Fundraising Regulator Code of Practice undertaken to ensure the Charity is compliant to register with the Fundraising Regulator. The review resulted in the development of a Complaints Policy, Social Media Policy and Privacy and Data Policy for the Charity.	Noted the assurances provided and approved the request to register with the Fundraising Regulator.	
Hardship Fund Q3 Update 2023/24	An update was provided in relation to the Hardship Fund up to 31 st December 2023. It was noted that 124 applications had been received during Q3.	Noted the assurances provided. Agreed to close the hardship fund at the end of March 2024, with additional funding of £39,750.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance



	The Committee were presented with a number of options in relation to the future of the fund and it was agreed the fund would close at the end of March 2024.	Requested a report to a future meeting to consider alternative hardship support.	
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Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance



CHAIRS ASSURANCE REPORT

Audit Committee

Date of Meeting:	19 th January October 2024	Chair:	David Rawsthorn
Quorate:	Yes	Executive Lead:	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present: In attendance:	Dr A Chambers, Non-Executive Director Prof A Esmail, Non-Executive Director Ms C Butterworth, Non-Executive Director Mr D Whatley, Associate Non-Executive Director	Key Members Not Present:	

Link to Board Assurance Framework (Strategic Risks): No specific risks aligned to Audit Committee, however, the Committee is charged with a specific role in relation to oversight of the BAF.

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Chairs Assurance Report – Quality and Performance Committee	The Committee received the reports from the meetings held on 25 th September 2023 and 23 rd October 2023.	Noted the assurances provided.	
Clinical Audit Q2 Update 2023/24	The Clinical Audit Q2 update was presented to the Committee.	Noted the assurances provided.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance



Critical and High Risk Recommendations	MIAA continue to follow up recommendations as follows: <ul style="list-style-type: none"> Blue Light Vehicles (Section 248a Exemptions) – one high risk action 	Noted the update provided.	
Internal Audit Progress Report Q3 2023/24	The Committee noted the assurance review completed within Q3: Risk Management Core Controls – High Assurance Clinical Safety Plan – Moderate Assurance	Noted the assurances provided.	
Internal Audit Follow Up	The Committee noted the good progress within the reporting period and that 7 recommendations were completed during the period.	Noted the assurance provided.	
Anti-Fraud Progress Report Q3 2023/24	The Anti-Fraud Progress Report 2023/24 detailed the work completed by the Trust's Anti-Fraud Specialist (AFS) during the period 1 st October 2023 to 31 st December 2023.	Noted the assurance provided.	
Audit Strategy Memorandum	A summary of the 2023/24 audit approach to the financial accounts was presented by the external auditors.	Noted the assurances provided.	
Board Assurance Framework Q3 2023/24	The Committee received the proposed Q3 position of the BAF prior to submission to the Board of Directors for approval on 31 st January 2024. Committee members considered the report within the context of their role as Audit Committee.	Noted the assurances provided. Noted the number of mitigating actions due for completion during Q4 2023/24.	
Losses and Compensation Report	Losses and compensation for Q3 2023/24 financial year totalled £734k.	Noted the assurance provided.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance



Waiver of Standing Orders Q3 2023/24	A total of eight waivers were approved during Q3 2023/24.	Noted the assurances provided.	
Chairs Assurance Report – Resources Committee	The Committee received the reports from the meetings held on 26 th September 2023 and 24 th November 2023.	Noted the assurances provided.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance



REPORT TO BOARD OF DIRECTORS

DATE:	31 st January 2024				
SUBJECT:	Integrated Performance Report				
PRESENTED BY:	Director of Quality, Innovation, and Improvement				
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	SR06	SR07	SR08	SR09	SR10
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Assurance				
EXECUTIVE SUMMARY:	<p>The Integrated Performance Report for January 2024 shows performance on Quality, Effectiveness, Operational Performance, Finance and Organisational Health during December 2023 unless otherwise stated. Comments are made by exception for assurance purposes.</p> <p>QUALITY</p> <p>Complaints: The number of reported complaints is stable. Complaint closure within service level agreement (SLA) has deteriorated due to winter pressures, however, is expected to improve in Quarter 4.</p> <p>Incidents: Incidents reported with a score of 4-5 decreased (n=5), displaying special cause. Closure within SLA (all scores) has improved owing to full establishment. The focus is on duty of candour and ensuring the Datix reporting system is used optimally. Delays are the primary reason for staff reporting incidents, for the third month.</p> <p>Serious Incidents: Under the guidelines of the new Patient Safety Incident Response Framework (PSIRF), there were no patient safety incidents meeting the criteria of serious incident in December.</p> <p>Safety Alerts: One new alert was received relating to Euroking maternity software and has been passed to the maternity lead for review. A further alert is open, relating to medical beds and rails, scheduled to be actioned within timeframe.</p>				

EFFECTIVENESS

Patient Experience: Patient satisfaction scores remain high at 85.5%, 91.0% and 88.9% for PES, PTS, and 111 respectively. Topics highlighted in the commentary relate to professional service for patients with enhanced needs, whereas negative topics relate to miscommunication between healthcare services.

Ambulance clinical quality indicators: The latest stroke care bundle (August 2023) has improved to 99.1%, displaying special cause. The updated STEMI bundle performance (July 2023) is stable at 70.9%.

Activity and Outcomes: Monthly incident volume (n=96,581) remains stable, however weekly data-points for no outcome calls (duplicates and cancellations) displayed special cause in the first weeks of December, whilst total incidents displayed special cause in the latter half of the month. This is likely attributable to poor turnaround performance in early December which subsequently improved, as well as underlying increased capacity through UEC recovery funding.

Hear and Treat (H&T), See and Treat (S&T) and See and Convey (S&C): H&T rate was 14.2% and S&T rate was 28.2%. Total non-conveyance was 42.4%. Nationally, the trust ranked 5th for H&T, 9th for S&C and 10th for S&T.

OPERATIONAL PERFORMANCE

Calls and Call Pick Up (CPU): Call volume increased in early December then stabilised near the mean. Overall, the trust received 20% fewer calls compared to December 2022. The trust performed well against the UEC recovery target (10 seconds) with a mean of 2 seconds.

999 Ambulance Response Programme (ARP):

Measure	Standard (hh:mm:ss)	Dec 23 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:08:17	3 rd
C1 90 th	00:15:00	00:13:57	3 rd
C2 mean	00:18:00	00:38:32	4 th
C2 90 th	00:40:00	01:27:49	4 th
C3 mean	01:00:00	02:57:00	9 th
C3 90 th	02:00:00	07:25:09	7 th
C4 90 th	03:00:00	07:01:51	10 th

ARP standards were met for C1 90th, C1 mean was stable. C2 mean for the month was 38:32 minutes, above the UEC recovery standard of 30 minutes, however the year-to-date position (28:20) is within UEC target. C1 and C2 performance is much improved in comparison to 2022. Response times for lower acuity patients deteriorated in the first two weeks of December, displaying special cause, likely related to poor turnaround performance, however recovered quickly. National rankings place NWS in a positive position.

C1 and C2 Long Waits: C2 long waits were 50% lower than December 2022 (n=21,089) at 10,636 with extreme waits (>4hrs) practically eliminated.

Average hospital turnaround time: Average turnaround time was 47 minutes. This is a 20% improvement compared to December 2022 (58:49), equating to an extra 754 emergency ambulance shifts throughout the month. We continue to see significant variation in handover performance between providers and ICB regions.

111: n=218,135 calls were received by 111; an expected increase during winter pressures. Performance is stable for most metrics. Callback within 20 minutes has improved, however, performance is still lower than the national standard.

111 Measure	Standard	Dec 23	National ranking
Answered within 60s	95%	54.1%	16 th /37
Average time to answer	--	03m 46s	--
Abandoned calls	<5%	12.1%	28 th /37
Call-back within 20 min	90%	29.0%	--
Average call back	--	50m 51s	--
Warm transfer to nurse	75%	10.2%	--

PTS: Two contracts (Cumbria and Lancashire) are significantly below baseline activity for both planned and unplanned activity. In Greater Manchester ICB (GM), 41% of unplanned activity is subsequently aborted. There is a PTS improvement plan in progress, with performance reports expected in February 2024.

FINANCE

- The year-to-date expenditure on agency is £1.494m which is under the year-to-date ceiling of £3.109m.
- The trust has underspent against budget due to interest received which is not budgeted for.
- The trust is £0.02m ahead of the efficiency & productivity target and is forecasting to remain on plan by the end of the year.

ORGANISATIONAL HEALTH

Sickness: Absence levels are stable. Overall sickness is 22% below December 2022 levels.

Turnover: Staff turnover is signalling improvement at 10.98%. The exception to this is EOC turnover which is displaying an increase. Further analysis for EOC positions is being undertaken and interventions developed to support retention.

Temporary Staffing: The position shows continuing agency usage at a similar rate to previous months equivalent to 0.6% pay bill, £153k below cap.

Vacancy: The vacancy position has decreased (worsened) to -7.00%, reflecting establishment changes from UEC investment. PTS and 111 remain challenging, however gaps are being managed through bank and agency working. Additionally, a region-wide 111 recruitment campaign is open, targeting call handler recruitment particularly in hard-to-reach areas.

Appraisal: The overall appraisal completion rate is 82%, below the 85% target. Work is being undertaken to develop recovery plans for the worse performing areas, PTS and 111 (77%).

Mandatory Training. Overall compliance is ahead of the trajectory at 88%. There is a planned pause in classroom training in support of winter pressures.

HR casework: Casework levels have decreased owing to a reduction in fact finding cases and grievances.

RECOMMENDATIONS:

The Board of Directors are requested to note:

- Improvements to safety incidents closure within SLA.
- Delays remain the primary theme from staff incident reports.
- Zero patient safety incidents meeting the criteria of serious incident under the new PSIRF framework.
- Trust performance in December 2023 showed improvement compared to December 2022, notably:
 - A 50% reduction in long waits.
 - A 20% reduction in handover times.
 - Relative improvements in all ARP standards.
- H&T, S&T and S&C rates remain stable.
- PES call demand is reduced, but incidents are increased.
- The trust is on track to achieve the following UEC recovery plan 23/24 national targets:

	<ul style="list-style-type: none"> – 30 minute mean for C2. – 10 second mean for call pick up. • 111 activity increased and performance is stable, however attaining national standards remains a challenge. • Financial controls are in place and on plan. • Variation can be seen in workforce metrics, notably: <ul style="list-style-type: none"> – EOC turnover increasing to 21%. – Vacancy gap widening owing to establishment change. • Plans are in place to increase appraisal compliance.
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CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compliance/Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> People <input type="checkbox"/> Financial / Value for Money <input type="checkbox"/> Reputation <input type="checkbox"/> Innovation
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INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
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PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee		
Date:	27 th November 2023		
Outcome:	Not known at time of submission		

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1. PURPOSE

The purpose of this report is to provide the Board with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of **December 2023**. The report shows the historical and current performance on Quality, Effectiveness, Operational performance, Finance and Organisational Health. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

- How are we performing over time? (As a continuously improving organisation)
- How are we performing with respect to strategic goals?
- How are we performing compared to our peers and the national comparators?

Data are presented over time using statistical process control charts. Statistical rules are applied to determine whether something significant has happened which needs to be flagged to committee.

All quality, effectiveness and operational data have been reviewed in full by Quality and Performance Committee. Finance and Organisational Health data have been reviewed by Resources committee.

2 SUMMARY

QUALITY

Complaints: The number of complaints received is stable. Complaint closure within SLA has declined owing to a pre-existing backlog and challenges accessing reviewing officers in December, however, it is expected to improve in Quarter 4.

Incidents: Incidents reported scoring 4-5 has decreased (n=5), displaying special cause. Incident closure within SLA (all scores) has improved owing to full establishment. The primary reason for staff reporting incidents (Q2.3) remained delays for the third month. The 5 most common themes for incidents reported in December 23 were:

- Delays (n=193)
- Call Handling (n=153)
- Communication (n=127)
- Violence & Aggression (n=121)
- Care and Treatment (n=93)

Serious Incidents: Under the new Patient Safety Incident Response Framework (PSIRF), there were zero patient safety incidents meeting NWS Local Priority under PSIRF.

Safety Alerts: One new applicable alert has been received (NatPSA/2023/014/NHSPS) detailing issues with Euroking maternity information system. The alert has been acknowledged and is with our maternity lead for review. The alert is expected to be actioned by the deadline (7 June 2024). One further alert is open (NatPSA/2023/010/MHRA) titled 'Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment

or falls.' The actions have been reviewed by MDOG and are scheduled to be completed by the required deadline of 1 March 2024.

EFFECTIVENESS

Patient experience

- PES responses for December 23 (n=332) shows a 19% increase on December 2022. In terms of satisfaction, 85.5% of respondents identified "very good/good" as the outcome, in line with recent performance.
- PTS responses in December 23 (n=1,028) were 6% lower than December 2022 (n=1,147), continuing a downward trend for the fourth consecutive month. The overall experience score for December 23 was 91%, in line with the previous month.
- As of 10 December 23, the NHS 111 service returns for December 23 (n=72), is at its lowest total for 12 months, and 18% lower than December 2022. Further returns are expected, particularly as delays can occur over the Christmas break. The percentage of patients stating they would recommend 111 is 89%, in line with recent months.

Ambulance Clinical Quality Indicators (ACQI's)

Data Submission: Due to the introduction of the Electronic Patient Record there has been changes in the way the clinical audit team abstract data. Data quality concerns with the current cardiac submission prevent us from providing an update on these measures. The following points include submissions that have been updated:

- The Stroke Care Bundle was reported in August in line with the NHS England schedule. The metric displayed special cause, increasing to 99.1%, indicating improvement. This is against a national mean of 97.7%.
- The STEMI Care Bundle was reported July in line with the NHS England schedule. The care bundle is stable at 70.9% compared to a national average of 76.4%.

Hear & Treat (H&T), See & Treat (S&T), See & Convey (S&C)

H&T rate was 14.2% and S&T rate was 28.2%. Total non-conveyance was 42.4%. Nationally, the trust ranked 5th for H&T, 9th for S&C and 10th for S&T.

The H&T position was stable, however weekly data points showed variation caused by variable response performance. Overall, H&T has maintained an average of 14%, lower than the same period this time last year (18%), due to overall improved response standards precluding opportunities for secondary triage. H&T is likely to increase through Q4 due to projected increases in the Clinical Hub workforce and external CAS provision (funded through the NHSE UEC recovery fund).

The impact and potential benefits of C2 segmentation is currently unknown due to ongoing reporting challenges which is being investigated and addressed as a priority.

S&T remains stable despite considerable efforts by clinicians and operational managers to educate frontline staff. S&T has less regional variation than H&T, however the relationship between H&T and S&T differs by sector owing to variation in CAS provision and pressures

such as increased turnaround. Improvement work is ongoing to reduce S&T variation as well as ensure timelier on scene referrals through digital innovations.

Overall conveyance rates are stable at 57.6% with variation across sectors. Of note, there has been improvement in sector level conveyance to non-AE in East Lancashire, as it delivered the highest rate of non-AE conveyance in the trust (14.07%) due to work to improve pathways and access into same day emergency care (SDEC).

OPERATIONAL PERFORMANCE

PES Emergency (999) Activity

Of the n=133,105 emergency calls received by the trust in December, 74% (n=96,581) became incidents. Despite a 15% reduction in calls compared to 2022, incidents increased by 4%. During the reporting period, the trust increased operational capacity through extra deployed hours and reduced leave allocation, particularly observable in the final two weeks of December, which resulted in an increase in incidents.

Calls resulting in no outcome (n=49,671) observed an increase compared to the previous IPR reporting period October 23 (n=45,315), driven by high level of duplicates in the first two weeks of December. However, compared to the previous two years, calls have reduced. This is due to significant improvements in response standards, reducing both duplicate calls (patients calling for updates) and no outcome calls such as closure due to self-conveyance.

999 Call Pick Up

Call Pick Up (CPU) has continued to perform well. Despite increases in call volume, mean CPU (n=2) and 90th CPU (n=0) have remained stable due to a full and stable workforce position and reduction in call volume. From April 2024 two new AQI targets will be implemented (CPU is currently reportable under ARP but from April 24 this will adjust to a target-based metric). The targets are a mean of 10 seconds and a 90th percentile of 20 seconds; the trust is expected to comfortably achieve the standards.

999 Ambulance Response (ARP) Performance

Measure	Standard (hh:mm:ss)	Dec 23 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:08:17	3 rd
C1 90 th	00:15:00	00:13:57	3 rd
C2 mean	00:18:00	00:38:32	4 th
C2 90 th	00:40:00	01:27:49	4 th
C3 mean	01:00:00	02:57:00	9 th
C3 90 th	02:00:00	07:25:09	7 th
C4 90 th	03:00:00	07:01:51	10 th

The trust performed well responding to higher acuity patients compared to the sector (3rd for C1 and 4th for C2 response standards). C2 responses increased, however we are still achieving the UEC standard of 30 minutes based on our year-to-date position of 28:36

minutes. December 23 performance has improved significantly compared to the previous two years. The response improvements have been delivered primarily through the utilisation of UEC funding and the delivery of increased double crewed ambulance (DCA) hours. DCA weekly hours have increased by over 3,000 per week compared to April 23.

Lower acuity (C3 and C4) response times displayed special cause in the first weeks of December, influenced by handover delays. Subsequently, performance improved in the latter half of the month, likely owing to improved performance at hospitals and increased capacity through reduced leave allocation.

It should be noted that whilst response standards remain stable with less variation than the same period last year, there is significant variation by operational sector. The primary influencing factor driving variation is handover delays.

999 C1 & C2 long Waits

C1 long waits in December 23 (n=785) increased 18% compared to November 23 (n=665) and C2 long waits (n=10,636) increased 61% compared to November 23 (n=6,611).

However, compared to the previous two Decembers, C1 long waits have decreased 51% and C2 long waits have decreased 48%. The data also demonstrates that extreme long waits (>4hrs) have been practically eliminated.

Hospital Handover

Average turnaround time has worsened to 47:03 minutes compared to the previous IPR period (October 2023) of 43:51 minutes. Compared to December 2022 however, there is a 20% improvement, equating to 754 extra emergency ambulance shifts during the month.

The average for the month masks variation chronologically and geographically. Turnaround displayed special cause in the first two weeks of December but recovered in the latter half. We continue to see significant variation in handover performance between providers and ICB regions. North Manchester General (1st), Salford Royal (3rd), West Cumberland (6th), and Furness General (8th) all ranked highly in national performance.

NHS 111

Measure	Standard	Dec 23	National ranking
Answered within 60s	95%	54.1%	16 th /37
Average time to answer	--	03m 46s	--
Abandoned calls	<5%	12.1%	28 th /37
Call-back within 20 min	90%	29.0%	--
Average call back	--	50m 51s	--
Warm transfer to nurse	75%	10.2%	--

December 23 observed an expected increase in demand for 111, as well as a continued stable performance period. Calls offered (n=218,135) were 12.4% higher than compared with

October 23 (n=194,120). The increase in demand is coupled with increased national support to 10% (previously 5%) of calls diverted to national service at source, indicating increase in 111 capacity.

PTS

Trust-wide PTS activity in November 23 was 5% below contract baselines; notably Cumbria and Lancashire were both 20% lower. Year-to-date activity is 8% below baseline. There was a high aborted unplanned activity rate at 30%. This was driven regionally by Greater Manchester (41%) followed by Merseyside (27%), Lancashire (22%), and Cumbria (8%).

The trust is progressing a PTS improvement plan in preparation of the PTS bid outcome expected in March. The improvement plan performance for the first six months of the PTS financial year (Jul-Dec) will be available in February 2024.

3 FINANCE

- The year-to-date expenditure on agency is £1.494m which is under the year-to-date ceiling of £3.109m.
- The trust has under spent against budget due to interest received which is not budgeted for.
- The trust is £0.02m ahead of the efficiency & productivity target and is forecasting to remain on plan by the end of the year.

4 ORGANISATIONAL HEALTH

Sickness

Overall absence levels are stable. The minor decrease in November was driven by a reduction in Covid unfit levels. PES sickness absence remains stable. Whilst sickness remains stable, levels are higher in the contact centre environments with PTS displaying special cause above the mean, approaching the upper control limit.

The overall position is consistent with trends across the ambulance sector, although we remain at the higher end of the sector average, highlighting the need for continued focus on sickness management fundamentals to maintain the improvements made earlier in the year.

The top reasons for absence continue to be mental health, injury, MSK/back problems with gastro-intestinal problems close behind. The Attendance Improvement Team (AIT) continues to support management of attendance and delivery of a workplan informed by regional and national best practice and in executing the 23/24 AIT Action Plan.

The UEC recovery funding will enable further investment in attendance coaching support, wellbeing coordination to improve access and navigation of the available support and specialist MSK and violence and aggression support. Recruitment into these additional posts is complete.

Turnover

Staff turnover has decreased (improved) to 10.98%, displaying special cause close to the lower limit. Overall, turnover is likely to have peaked, displaying a downward trend since June, signalling improvement. Service lines are below 22/23 position except for EOC.

PTS turnover is currently at 10.19% with revised recruitment plans to deliver additional staffing over the remainder of the year. Causes of turnover are primarily retirement and ill health.

EOC turnover is at 20.54%. This is the only service line showing a consistently increasing (worsening) trend. There is a focus in contact centres to support retention, and further analysis is being undertaken to understand the increase in emergency medical dispatcher (EMD) turnover.

Turnover in 111 has displayed a downward (improving) trend since March 2023 to 30.8%.

PES turnover has been on a downward (improving) trend since April 2023, now at 6.7% and the best performing service line.

Service lines under pressure are those with lowest grade positions: call handling and care assistants. This is reflected in the ongoing recruitment challenges into these lower graded posts indicative of a buoyant and competitive recruitment market.

Temporary Staffing

The position temporary staffing shows continuing agency usage at a similar rate to previous months at a level equivalent to 0.6% pay bill, £153k below cap.

Vacancy

The trust vacancy position has worsened to -7.00%, reflecting the UEC recovery funding establishment changes. The challenges remain in PTS and 111 recruitment.

The EOC position has worsened to -5.7%, driven by the dispatcher workforce. Recruitment plans are in place to seek to maintain a stable position for the rest of the year.

PES show a slight under-establishment of -2.6%, primarily owing to an under-establishment within the EMT1 workforce. Recruitment plans are being delivered, with interventions to ensure that the Quarter 4 EMT1 courses are fully populated.

The current 111 vacancy position is -18.9% with vacancies in the Health Advisor and Clinical Advisor roles. Whilst turnover is improving, the recruitment market is proving challenging for call handler positions. Shortfalls on courses are being supplemented where possible through agency recruitment. The trust is also engaging in an international recruitment pilot for clinical advisors.

Plans for recruitment to an integrated call handler role have commenced with large scale advertising underway. Improvements are expected into Q4 but projections indicate the gap will not be fully closed.

The PTS vacancy position is -10.73%, reflecting an increase in turnover, including PTS staff moving to PES. Recruitment plans have been revised to enable increased new starters for the remainder of the year. PTS have robust bank arrangements in place to bridge their vacancy position.

Appraisals

The overall appraisal completion is stable at 82%, slightly behind trajectory. Whilst the trust-wide position is stable, variation exists between service lines, driven by lower than average appraisal compliance in PTS for 3 consecutive data points, now at 77%. The 111 service line is also at 77%, displaying a gradually improving position. PES are close to target at 84% and EOC have attained the target at 85%.

The targets for 2023/24 are:

- Service Lines - 85%
- Corporate Directorates - 90%
- Leadership Roles Band 8a and above - 90%

Revised appraisal paperwork has now been rolled out and consideration is being given to how the embedding of this is reviewed through quality audits.

Mandatory Training

Overall compliance is 6 percentage points ahead of the trajectory at 88%. PES are one percentage point behind trajectory, will all other service lines ahead. An additional 5 online modules were added to the programme, initially impacting compliance, however this is now recovered. A planned pause in classroom training is in progress to support winter pressures.

Case Management

Employee relations casework have decreased from n=126 to n=107 between the reporting periods, primarily owing to a reduction in fact finding cases and grievances. The highest rate of live cases per total staff (prevalence) occurs in PES (Cumbria and Lancashire (CAL)) at 1.7 live cases per 100 staff. Average timescales are stable at 11.3 weeks.

5 LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS (*including consideration of the Trust's Risk Appetite Statement*)

Failure to ensure on-going compliance with national targets and registration standards could render the trust open to the loss of its registration, prosecution, and other penalties.

6 EQUALITY OR SUSTAINABILITY IMPACTS

A review of data against protected characteristics is being undertaken by the Diversity and Inclusion sub-committee to understand and improve patient experience. Formerly, patient experience data was presented demographically, however challenges in reporting ethnicity

preclude our ability to draw conclusions from the data. An initiative to address this is ongoing and reports to the Diversity and Inclusion sub-committee.

A focus on increasing Hear & Treat and See & Treat outcomes supports the trust's sustainability goals

7 RECOMMENDATIONS

The Board of Directors are requested to note:

- Improvements to safety incidents closure within SLA.
- Delays remain the primary theme from staff incident reports.
- Zero patient safety incidents meeting the criteria of serious incident under the new framework.
- Trust performance in December 2023 showed improvement compared to December 2022, notably:
 - A 50% reduction in long waits.
 - A 20% reduction in handover times.
 - Relative improvements in all ARP standards.
- H&T, S&T and S&C rates remain stable.
- PES call demand is reduced, but incidents are increased.
- The trust is on track to achieve the following UEC recovery plan 23/24 national targets:
 - 30 minute mean for C2.
 - 10 second mean for call pick up.
- 111 activity increased and performance is stable, however attaining national standards remains a challenge.
- Financial controls are in place and on plan.
- Variation can be seen in workforce metrics, notably the EOC turnover increasing to 21% and the vacancy gap widening owing to establishment change.
- Plans are in place to increase appraisal compliance.

NHS

**North West
Ambulance Service**
NHS Trust



Integrated Performance Report

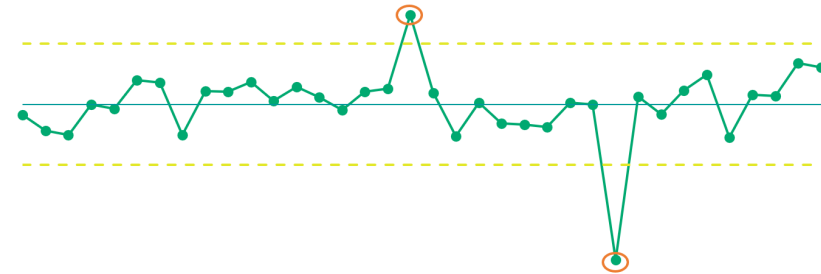
Board - January 2024



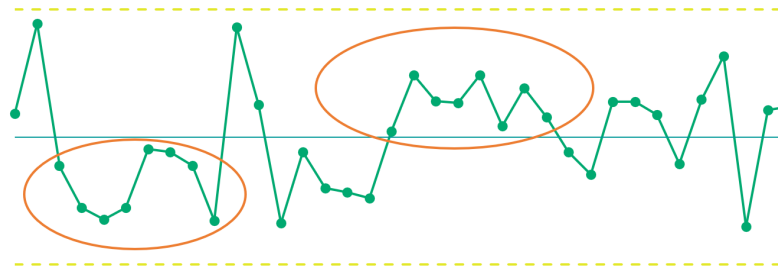
Rules for interpreting SPC Charts

Most charts contained in the report are SPC (Statistical Process Control). SPC charts follow the rules shown below to determine when something statistically significant has happened. Once these rules are triggered the control limits - dotted lines above and below the mean (centre line) are adjusted around the new data – this is known as resetting the limits

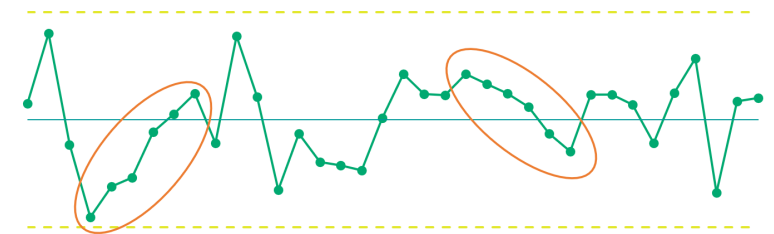
Rule 1: Single data point outside the control limits



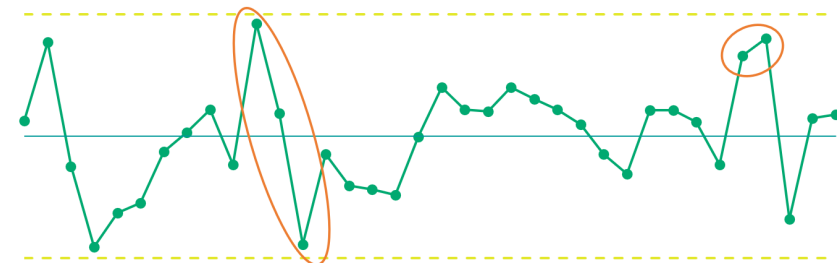
Rule 2: 8 or more consecutive data points above or below the centre line



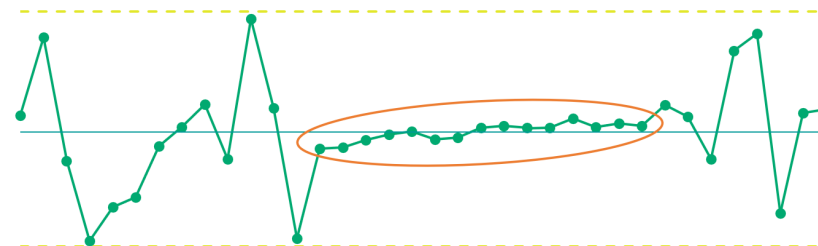
Rule 3: A trend of at least six consecutive points (up or down)



Rule 4: 2 out of 3 consecutive data points near a control limit (outer third)



Rule 5: At least 15 consecutive data points "hugging" the centre line



Example of Limits reset following special cause



Quality & Effectiveness

Q1 COMPLAINTS

Figure Q1.1

Complaints Received by Month: Severity 1-3

January 2019- December 2023

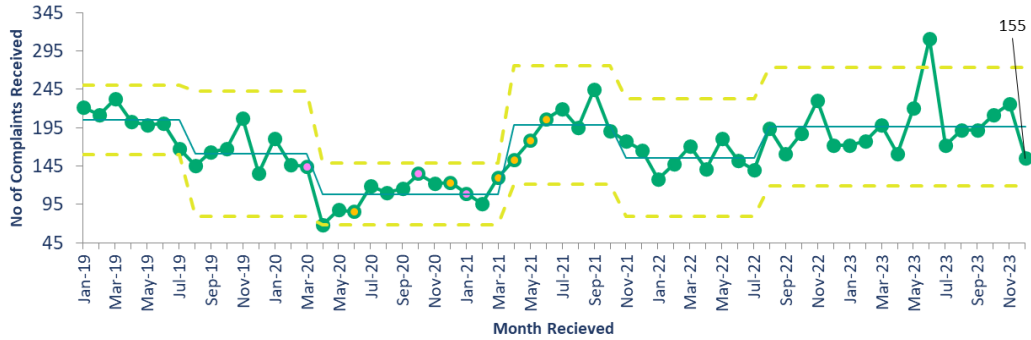


Figure Q1.2

Complaints Received by Month: Severity 4-5

January 2019- December 2023

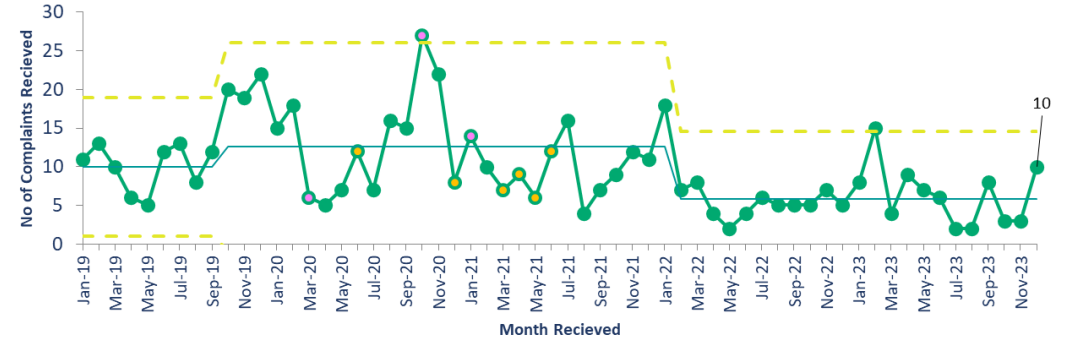


Figure Q1.3

Complaints with Risk Score 1 - 3 Closed

January 2019- December 2023



Figure Q1.4

Complaints with Risk Score 4 - 5 Closed

January 2019- December 2023



Figure Q1.5

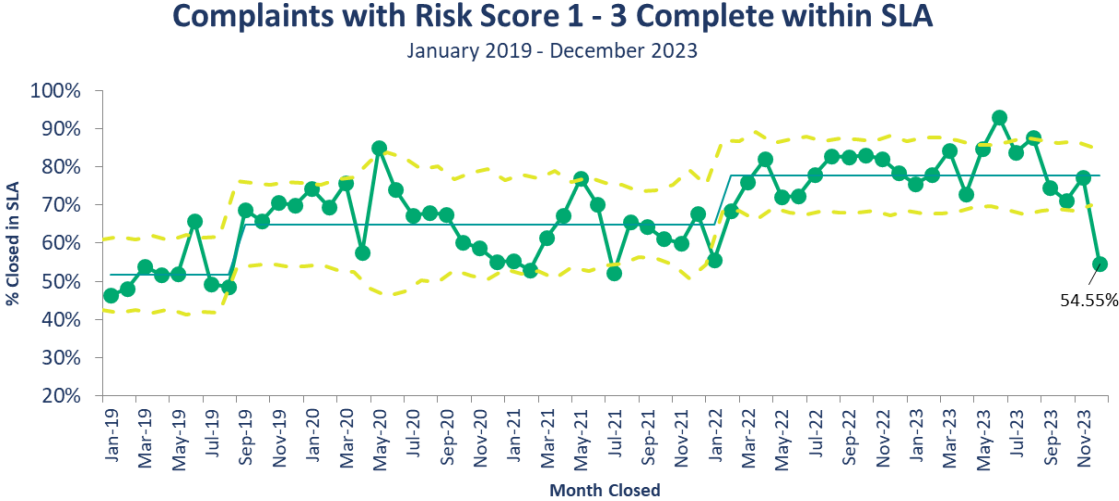
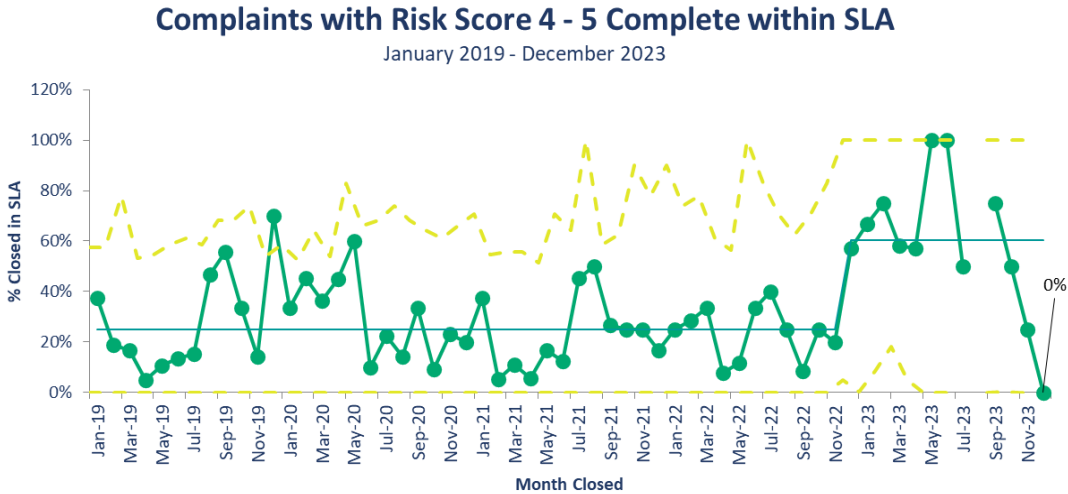


Figure Q1.6



Q2 Incidents

Figure Q2.1

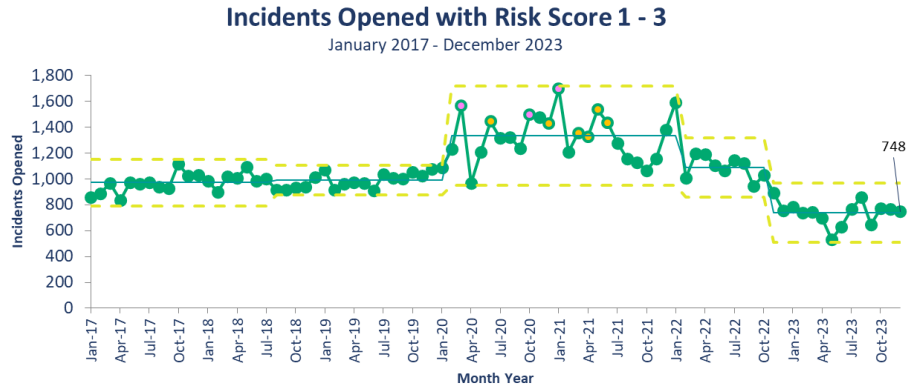


Figure Q2.2

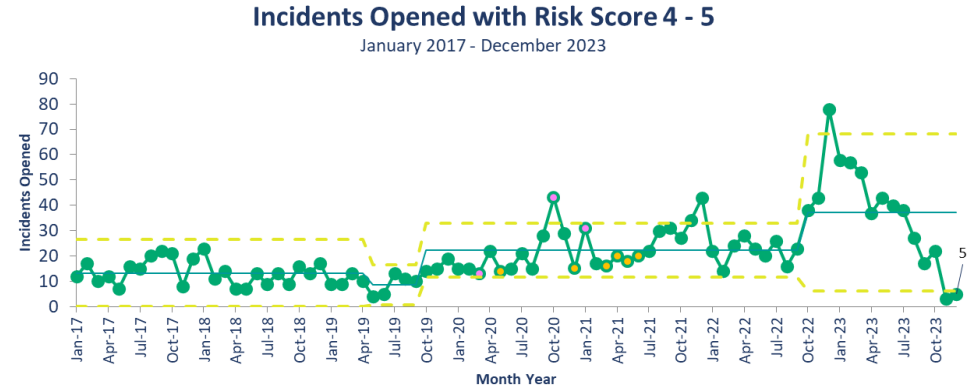


Figure Q2.3

Number of safety incidents
(25 most common reasons)

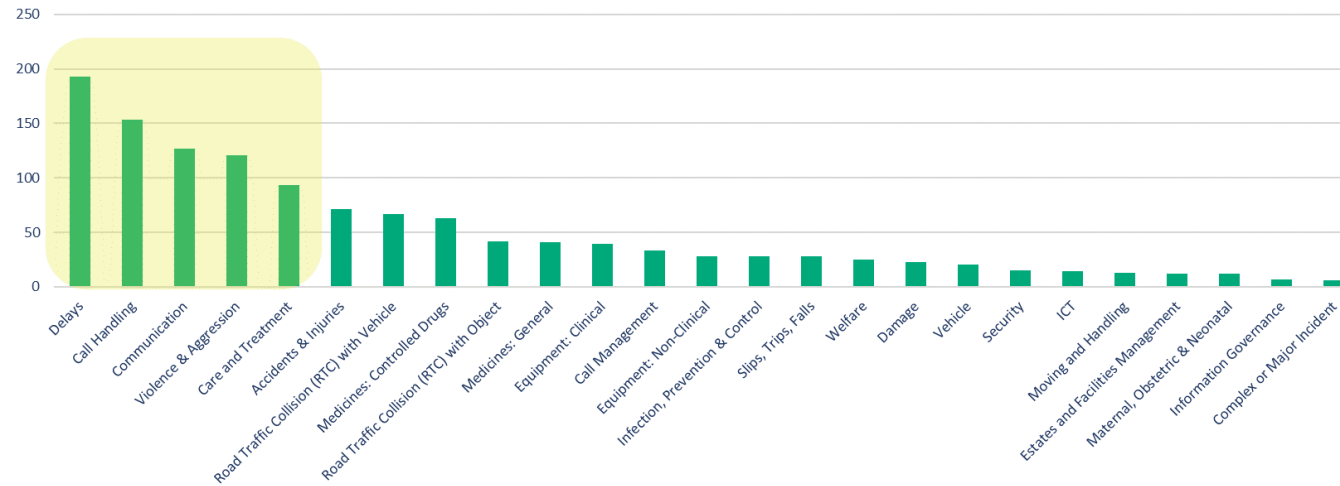


Figure Q2.4

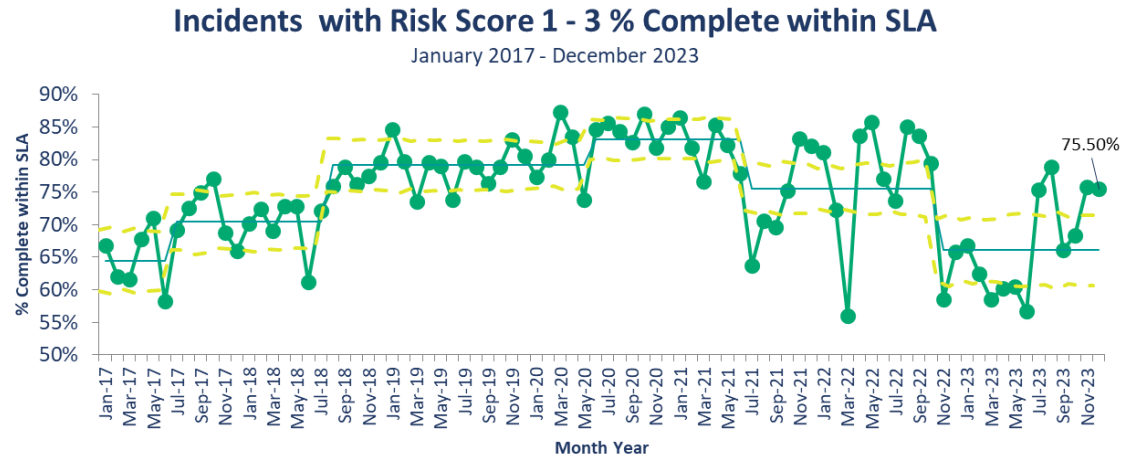
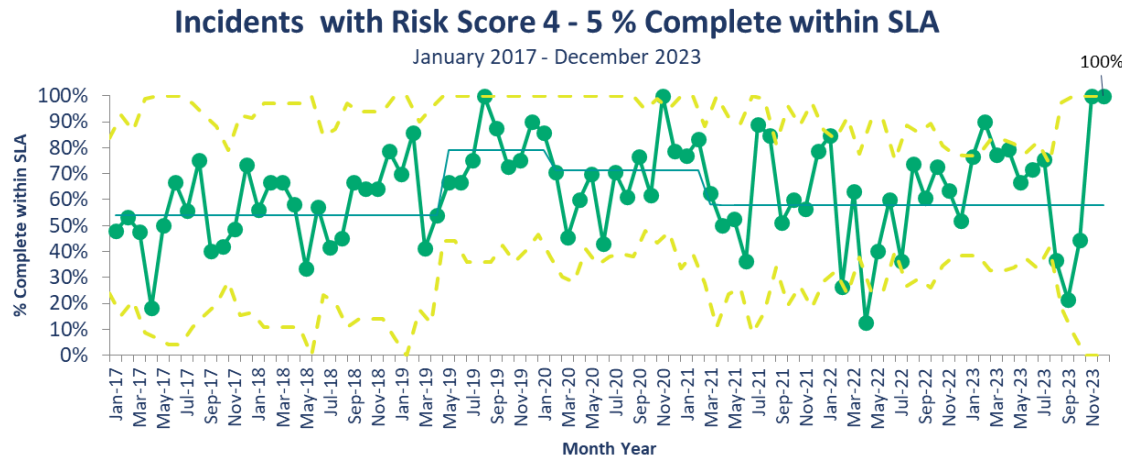


Figure Q2.5



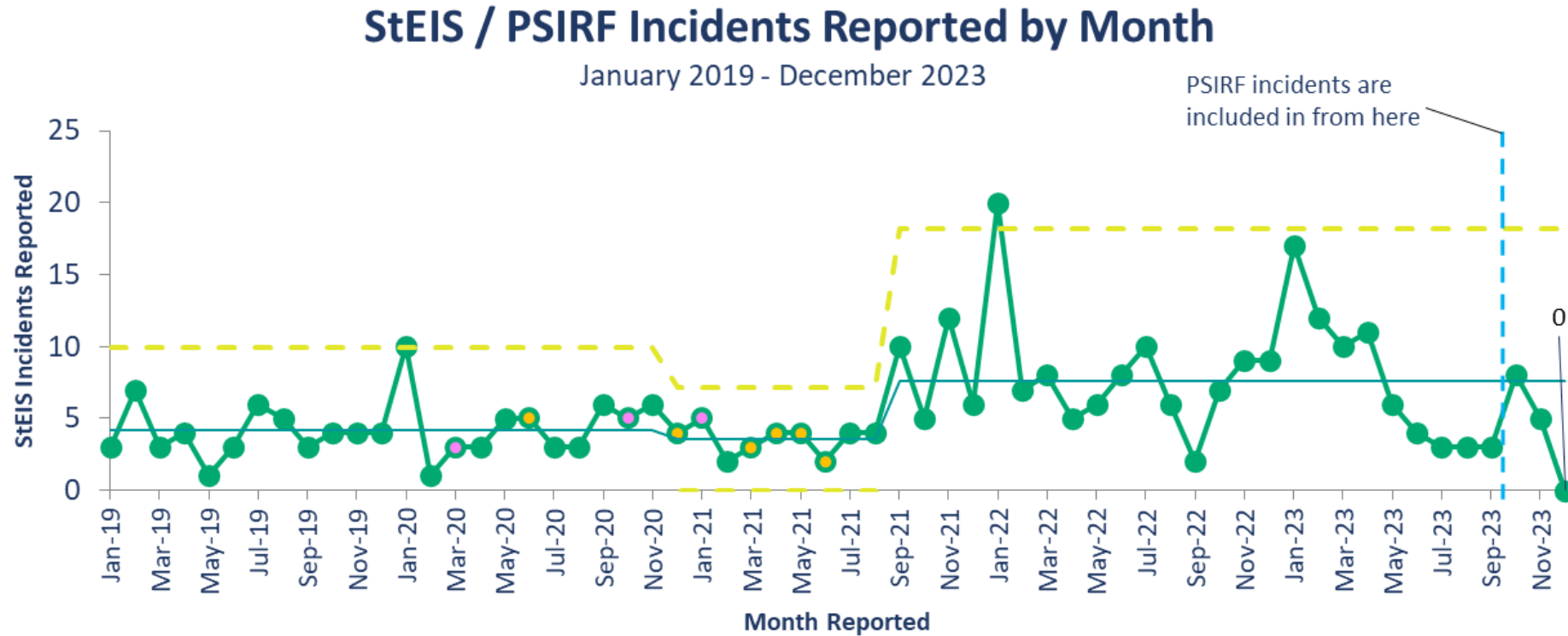
SLAs are calculated using the following measures/targets.

No exceptions are taken into account:

Risk Score	Target Days to Close Incident (From Date Received)
1	20
2	20
3	40
4	40
5	60

Q3 SERIOUS INCIDENTS

Figure Q3.1



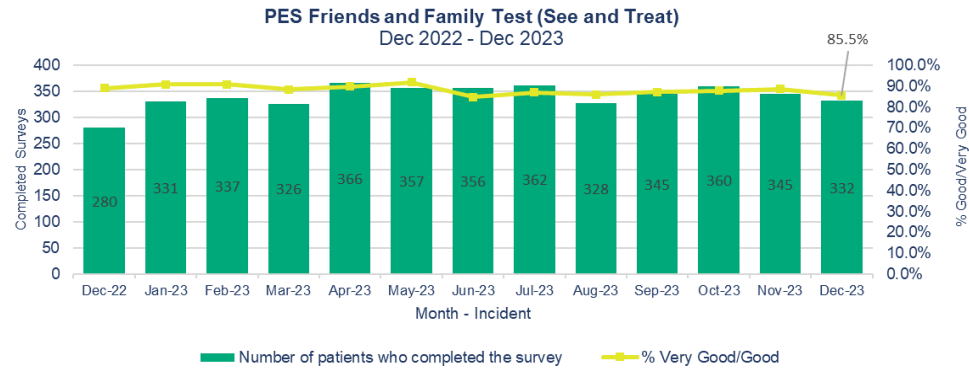
Q5 SAFETY ALERTS

Table Q5.1

Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
CAS Helpdesk Team	2	1	0	CHT/2023/002 - Management of national patient safety alerts. Issued 22/3/23. Deadline 11/4/23. NWS have updated health notifications procedure. Action Complete.
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
Patient Safety Alert - UKHSA	1	0	0	
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
National Patient Safety Alert – NHS England	2	1	1	NatPSA/2023/014/NHSPS Identified safety risks with the Euroking maternity information system. Issued 07/12/23 Deadline 07/06/24. Alert Acknowledged currently with Maternity lead for review.
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
National Patient Safety Alert - DHSC	6	0	0	
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
National Patient Safety Alert – OHID	1	1	0	NatPSA/2023/003/OHID Patent synthetic opioids implicated in heroin overdose and deaths. Issued 26/7/23. Deadline 04/08/23. Operation bulletins issued by Chief Pharmacist and Medical Director – Action Complete
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
CMO Messaging	1	0	0	
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
National Patient Safety Alert - MHRA	6	1	1	NATPSA/2023/010 MHRA – Medical Beds etc, risk of death from entrapment. Issued 31/8/23, Deadline 1/3/24. Reviewed at MDOG, action due to be complete by deadline.
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
MHRA - Medicine Alerts	51	0	0	
Safety Alerts	Number of Alerts Received (Jan 23 – Dec 23)	Number of Alerts Applicable (Jan 23 – Dec 23)	Number of Open Alerts	Notes
IPC	0	0	0	

E1 PATIENT EXPERIENCE

Figure E1.1



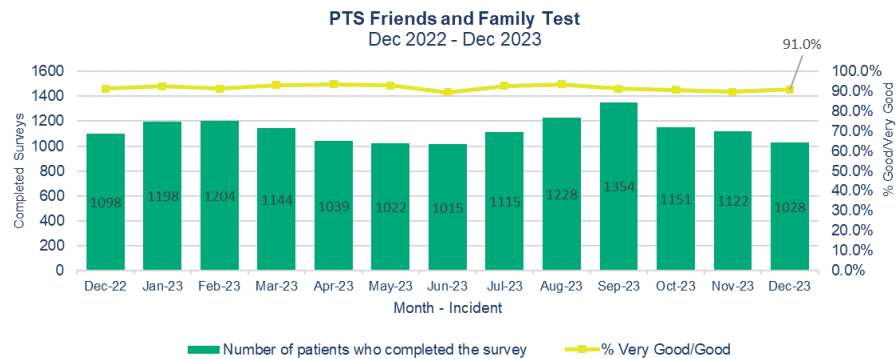
PES Positive

- “Great support on the phone while dealing with extreme and very sensitive situation while vulnerable special need child involved and great respond from paramedic who was very familiar and understanding for children with ASD and ADHD.”
- “They came within 30 mins and understood that my mum would rather stay at home if possible, so after they checked her over and spoke to the crisis team, they were happy with her results and said that she could stay at home and that the crisis team would come out the following day to check her over”

PES Negative

- “I called that my daughter had tried to take her life, was triaged and asked to go to a minor injuries unit - paying no account to mental health concerns. Was told I'd receive a phone call to help further triage. Heard nothing at all and ambulances turned up 6 hours later ... already in A&E. Really shocking! All of this could have been managed better! I was absolutely appalled!”
- “I called on 4 occasions and on each occasion I was promised a call back from a clinician who would be able to give guidance on the best treatment for my 86-year-old father who had fallen and banged his head. I am STILL awaiting that call back!!!.”

Figure E1.2



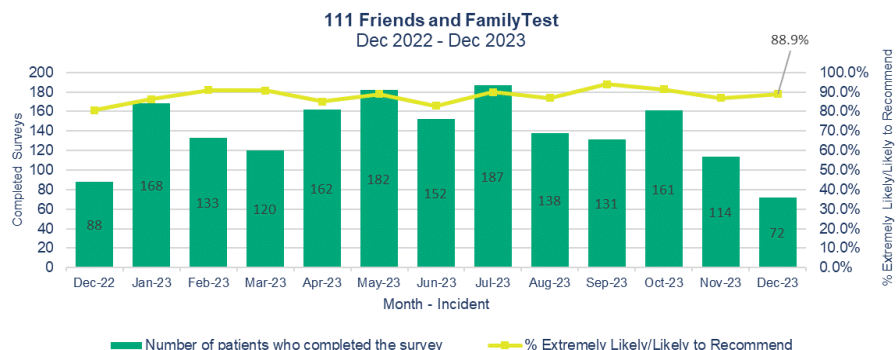
PTS Positive

- “It was my very first time, using patient transport and put it this way I was blown away how quick and fast they came. It's an absolute brilliant service if I could give you 100 out of 100 I would or even if they could give you more point wise, it would be absolutely amazing your service you do and I definitely will be using you again. I've had an amazing experience drive was very talkable and I did not mind talking back and telling him about my appointments and what's happened it's an excellent service. Thank you.”
- “The crew were professional, friendly, cared about my safety and also if I was comfortable once I was secured inside the ambulance (I'm a full-time wheelchair user) and also during the journey. I cannot fault the service I was given and I would be lost without it and the crews who take me over 2 days every 5 weeks for my treatment.”

PTS Negative

- “Crew took my vulnerable mother to the wrong place and left her there. She wasn't collected. Missed her appointment. Had to pay £120 for her carer for a wasted trip. She has a brain injury and it was incredibly distressing. She spent the day crying and has to do it all again next week. I am so angry and upset.”

Figure E1.3



NHS 111 Positive

- “Calm manner of the support staff. Did what they said they would do. This supported my medical needs and requirements for reducing my pain med. intake (prescription). Direction in reduction of pain meds. and alternative prescription issued.”
- “Very friendly staff which made me feel at ease with my call. A lot of questions asked to get me the right treatment/care but never once felt I was being a nuisance! Excellent trained team. Prefer to speak to this team over my GP/local.”
- “After my own GP practice could not give me an appointment or even telephone appointment I contacted NHS 111 and only waited a short time before a very pleasant lady helped me and I got my antibiotics that day.”

NHS 111 Negative

- “GP let me down. Said they don't do referrals for telephone appointments from NHS 111. Told me by two receptionists. When I independently had to see a pharmacist in person whilst ill because my GP surgery said they don't work with the NHS 111 service. I was waiting for a telephone call ALL DAY from my GP that never happened. Then to try my pharmacist, and then to go to AE. This was because I sought a face to face apt, with my GP the next day. I had to wait outside in the cold for 40 minutes before opening in pain and discomfort, to try and get myself the help I desperately needed. I think the problem lies with NHS 111 and my GP. There is ALWAYS miscommunication with NHS services. My GP initially told me to phone 111 as they had no appointments. 111 arranged a call back from my GP. Why couldn't I just request this myself....? Waste of time, and costs lives! My GP said they don't work with NHS 111.”

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Figure E2.1

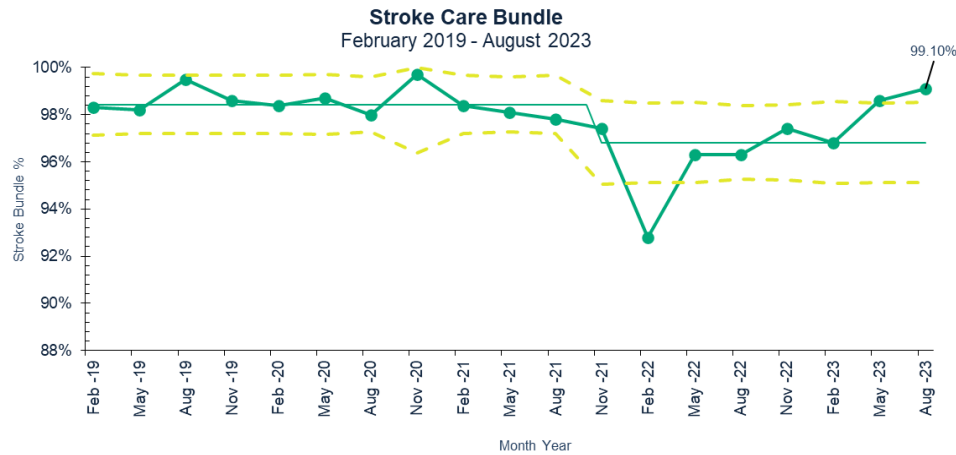


Figure E2.2

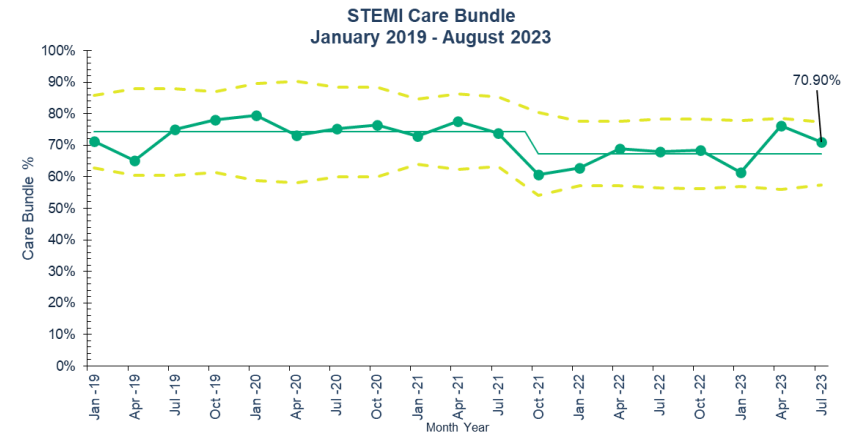


Table E2.1

Month Year	Stroke Care Bundle Performance
Feb-19	98.3%
May-19	98.2%
Aug-19	99.5%
Nov-19	98.6%
Feb-20	98.4%
May-20	98.7%
Aug-20	98.0%
Nov-20	99.7%
Feb-21	98.4%
May-21	98.1%
Aug-21	97.8%
Nov-21	97.4%
Feb-22	92.8%
May-22	96.3%
Aug-22	96.3%
Nov-22	97.4%
Feb-23	96.8%
May-23	98.6%
Aug-23	99.1%

Figure E2.4

Month Year	STEMI Care Bundle Performance
Jan-19	71.3%
Apr-19	65.2%
Jul-19	75.0%
Oct-19	78.1%
Jan-20	79.5%
Apr-20	73.1%
Jul-20	75.3%
Oct-20	76.5%
Jan-21	72.8%
Apr-21	77.7%
Jul-21	73.9%
Oct-21	60.7%
Jan-22	62.8%
Apr-22	68.9%
Jul-22	67.9%
Oct-22	68.5%
Jan-23	61.3%
Apr-23	76.2%
Jul-23	70.9%

The axis for the Stroke Care Bundle starts at 75%, the axis for STEMI Care Bundle starts at 50%.

E3 ACTIVITY & OUTCOMES

Figure E3.1

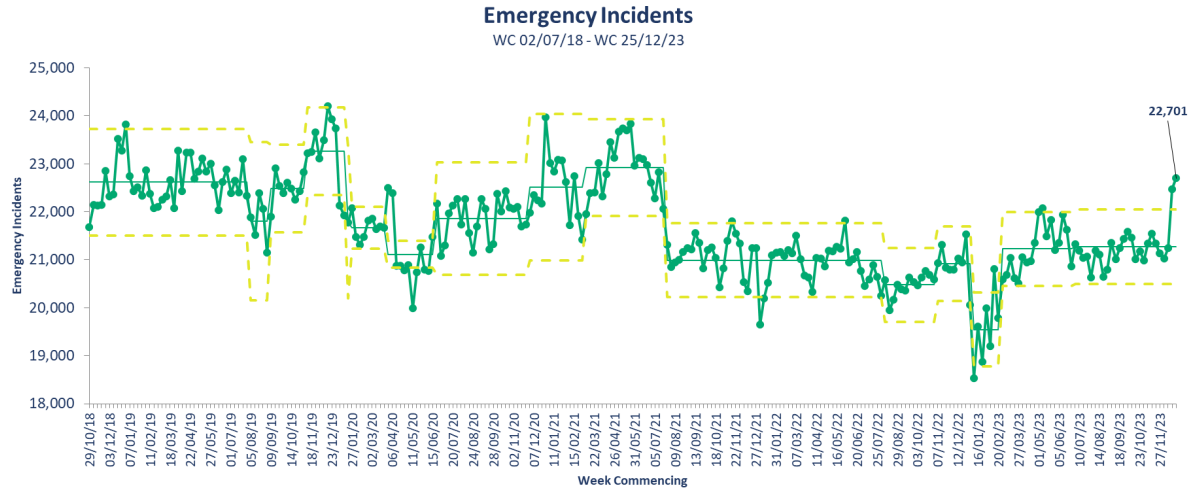


Figure E3.2

Emergency Incidents



Figure E3.3

Sector	No. of Emergency Incidents
G South	10,171
G Central	9,896
M North	9,868
G East	9,546
G West	9,440
M East	7,799
CL East Lancashire	7,446
M West	6,449
CL South Lancashire	6,329
M South	5,641
CL Fylde	5,026
CL North Cumbria	4,681
CL Morecambe Bay	4,212

Figure E3.4

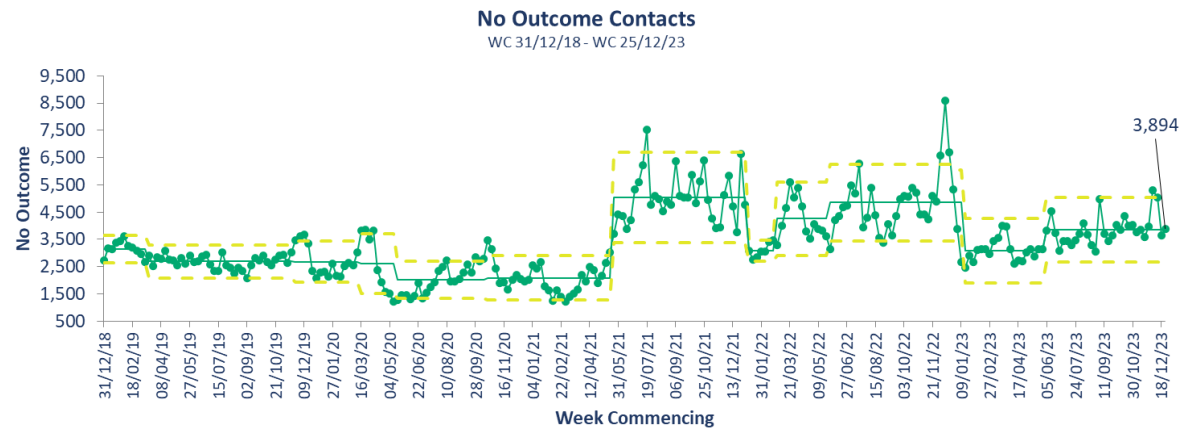


Figure E3.5

Dec	Calls	% Change from previous year	Incidents	% Change from previous year
2020	109,842		99,062	
2021	143,568	31%	92,317	-7%
2022	156,347	9%	92,997	1%
2023	133,105	-15%	96,581	4%

Figure E3.6

Hear & Treat % (AQI)

WC 25/06/18 to WC 25/12/23

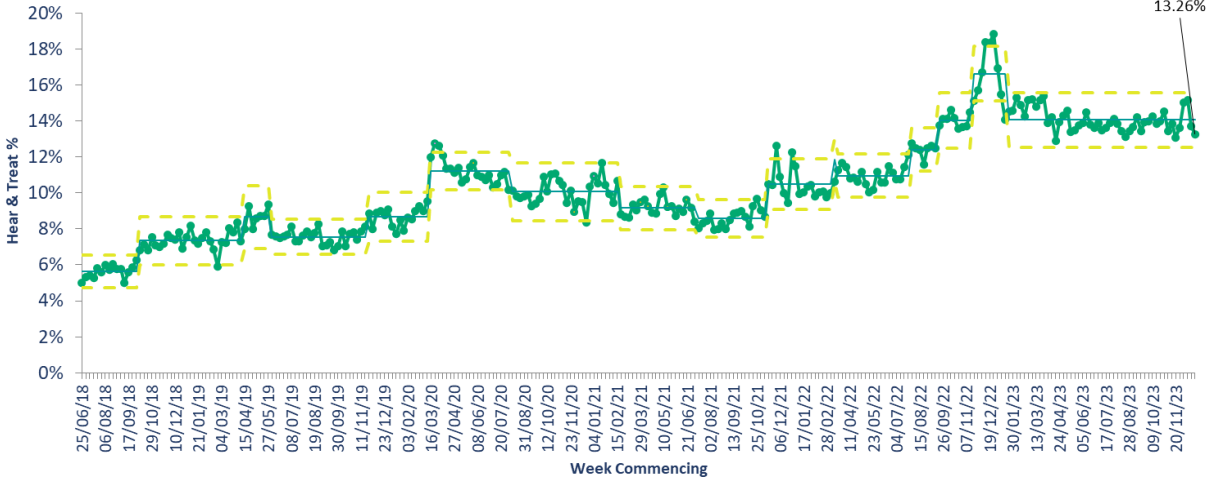


Figure E3.7

See & Treat % (AQI)

WC 25/06/18 to WC 25/12/23

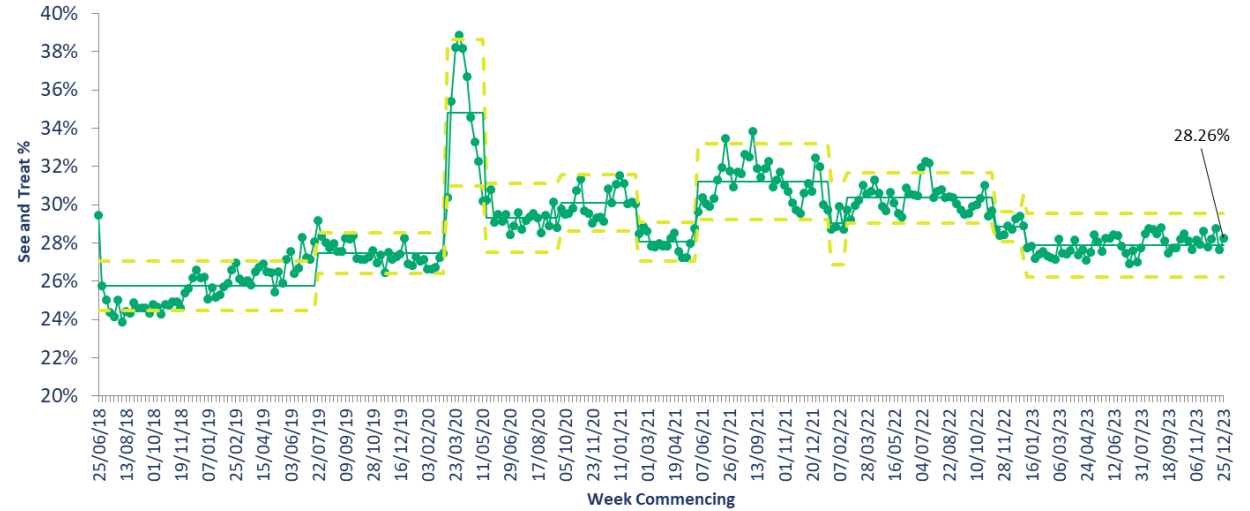


Figure E3.8

Sector	Monthly Hear & Treat	%
G Central	<div style="width: 16.04%;"></div>	16.04%
G East	<div style="width: 15.40%;"></div>	15.40%
M East	<div style="width: 15.34%;"></div>	15.34%
M North	<div style="width: 15.15%;"></div>	15.15%
CL Fylde	<div style="width: 15.12%;"></div>	15.12%
G West	<div style="width: 14.40%;"></div>	14.40%
M West	<div style="width: 14.23%;"></div>	14.23%
CL East Lancashire	<div style="width: 13.71%;"></div>	13.71%
CL South Lancashire	<div style="width: 13.46%;"></div>	13.46%
G South	<div style="width: 13.23%;"></div>	13.23%
M South	<div style="width: 12.98%;"></div>	12.98%
CL Morecambe Bay	<div style="width: 10.94%;"></div>	10.94%
CL North Cumbria	<div style="width: 10.68%;"></div>	10.68%

Figure E3.9

Sector	Monthly See & Treat	%
M South	<div style="width: 31.22%;"></div>	31.22%
CL Morecambe Bay	<div style="width: 31.10%;"></div>	31.10%
CL North Cumbria	<div style="width: 31.06%;"></div>	31.06%
G West	<div style="width: 29.84%;"></div>	29.84%
CL Fylde	<div style="width: 29.55%;"></div>	29.55%
CL East Lancashire	<div style="width: 28.93%;"></div>	28.93%
G East	<div style="width: 28.41%;"></div>	28.41%
G Central	<div style="width: 27.92%;"></div>	27.92%
CL South Lancashire	<div style="width: 27.68%;"></div>	27.68%
M North	<div style="width: 27.01%;"></div>	27.01%
M West	<div style="width: 26.96%;"></div>	26.96%
G South	<div style="width: 26.92%;"></div>	26.92%
M East	<div style="width: 24.59%;"></div>	24.59%

Figure E3.10

See and Convey to A&E % (AQI)

WC 25/09/18 to WC 25/12/23

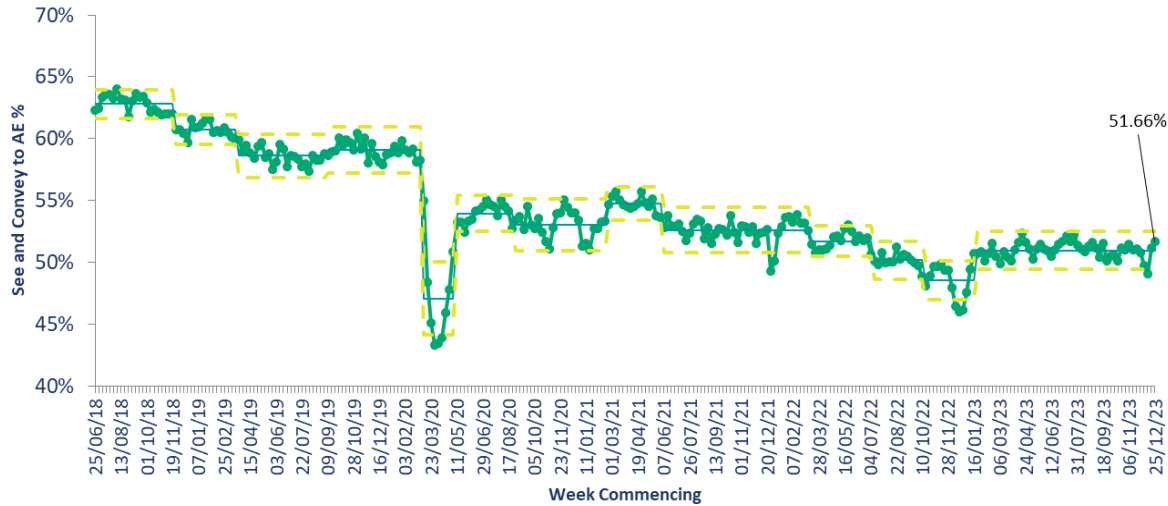


Figure E3.11

See and Convey to non A&E % (AQI)

WC 25/09/18 to WC 25/12/23

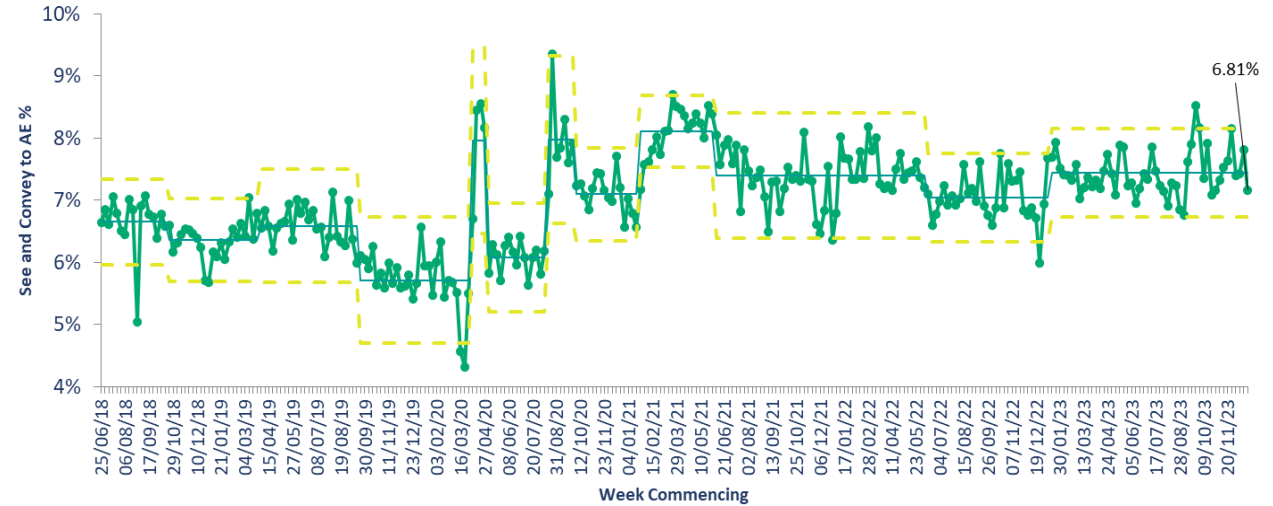


Figure E3.12

Sector	Monthly See & Convey	%
CL Fylde		55.33%
G West		55.76%
M South		55.81%
G Central		56.04%
G East		56.19%
CL East Lancashire		57.36%
M North		57.84%
CL Morecambe Bay		57.95%
CL North Cumbria		58.26%
M West		58.81%
CL South Lancashire		58.86%
G South		59.85%
M East		60.07%

Figure E3.13

Sector	Monthly See & Convey to AE	%
CL East Lancashire		43.28%
CL Fylde		48.49%
CL North Cumbria		48.90%
CL South Lancashire		49.33%
M South		49.46%
G West		49.47%
M West		49.71%
G Central		50.62%
G East		50.79%
M North		51.29%
CL Morecambe Bay		53.21%
M East		54.25%
G South		54.90%

Figure E3.14

Sector	Monthly See & Convey to Non AE	%
CL Morecambe Bay		4.75%
G South		4.95%
G East		5.41%
G Central		5.43%
M East		5.82%
G West		6.29%
M South		6.35%
M North		6.56%
CL Fylde		6.84%
M West		9.10%
CL North Cumbria		9.36%
CL South Lancashire		9.53%
CL East Lancashire		14.07%

Figure E3.15












Rank	Trust	Hear & Treat	%
1	West Midlands		17.6%
2	London		16.7%
3	East Midlands		16.0%
4	South Western		15.1%
5	North West		14.2%
6	South East Coast		13.7%
7	Yorkshire		13.6%
8	South Central		12.2%
9	East of England		10.4%
10	North East		8.9%
11	Isle of Wight		8.0%

Figure E3.16























Rank	Trust	See & Treat	%
1	South Western		35.9%
2	Isle of Wight		34.6%
3	East of England		34.0%
4	South Central		33.5%
5	East Midlands		32.3%
6	South East Coast		31.5%
7	London		30.0%
8	North East		30.0%
9	West Midlands		28.7%
10	North West		28.2%
11	Yorkshire		27.0%

Figure E3.17

Rank	Trust	See & Convey	%
1	South Western		49.0%
2	East Midlands		51.6%
3	London		53.3%
4	West Midlands		53.6%
5	South Central		54.3%
6	South East Coast		54.8%
7	East of England		55.6%
8	Isle of Wight		57.4%
9	North West		57.6%
10	Yorkshire		59.3%
11	North East		61.2%



O1 CALL PICK UP

Figure O1.1

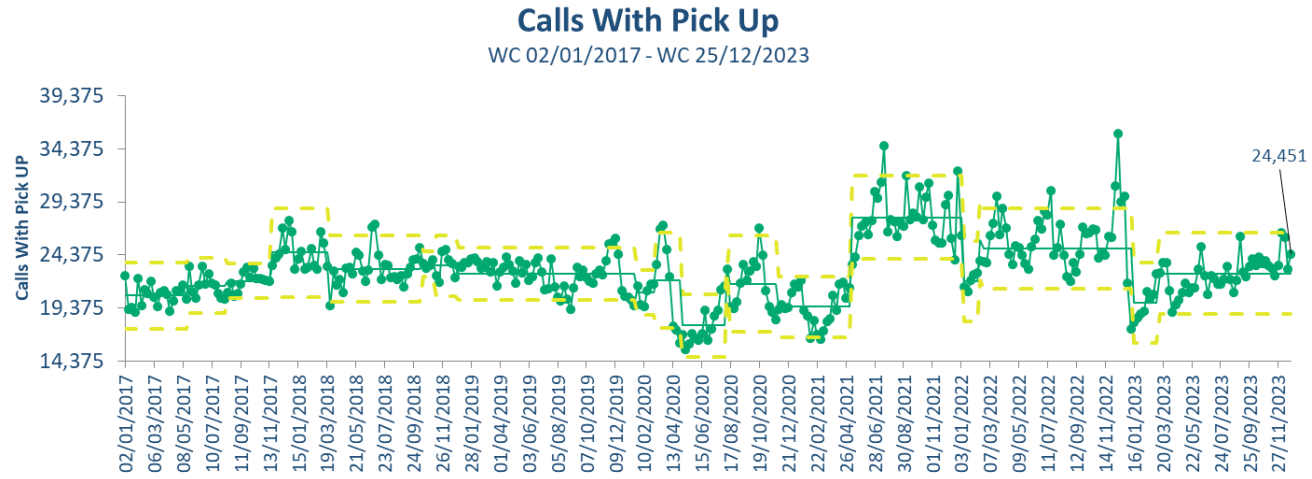
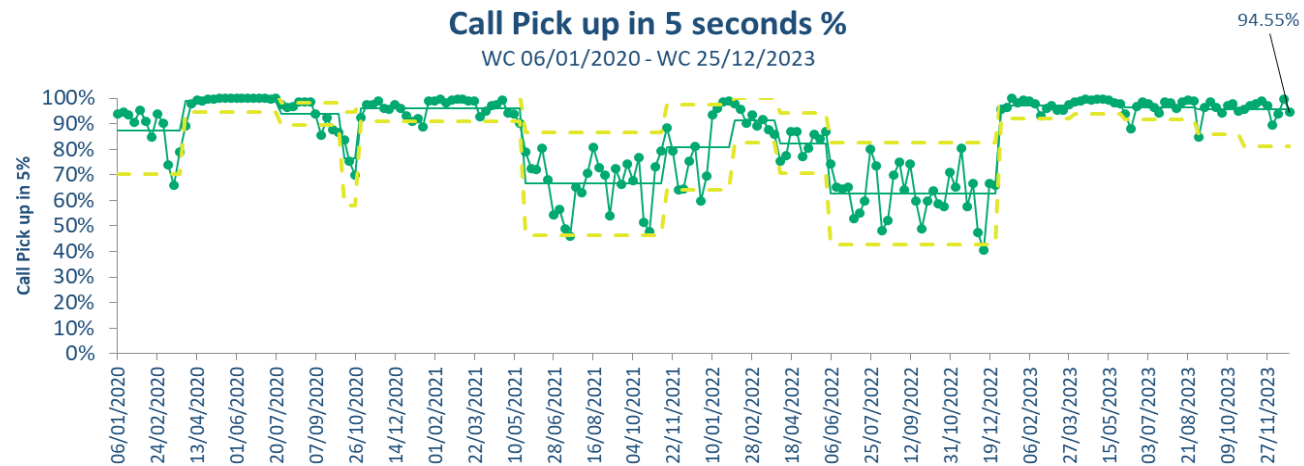


Figure O1.2



Operational

O2 A&E TURNAROUND

Figure O2.1

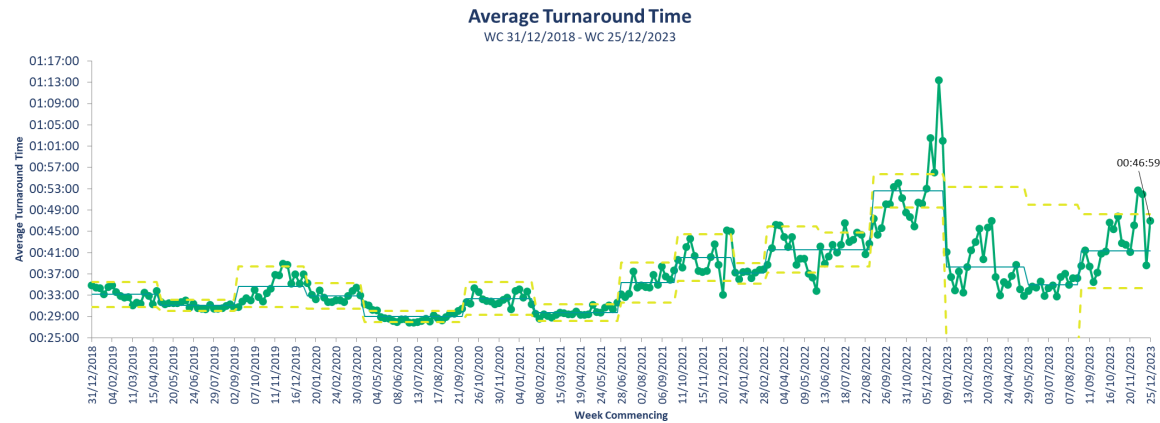


Figure O2.2

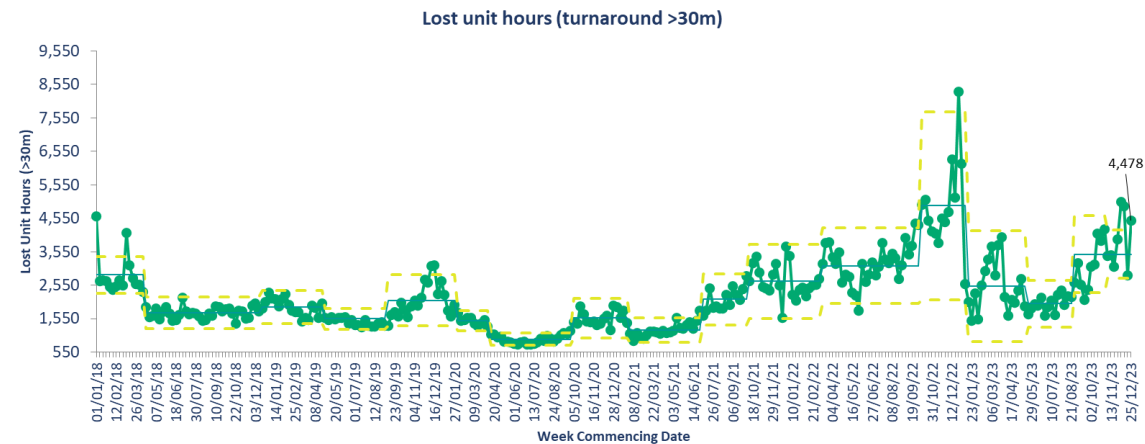


Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
Dec-22	43,703	0:58:51	0:48:18	11:40
Jan-23	42,663	0:44:05	0:32:25	12:03
Feb-23	40,467	0:38:35	0:25:35	11:37
Mar-23	46,166	0:43:52	0:31:25	11:41
Apr-23	46,435	0:35:20	0:22:55	11:28
May-23	49,233	0:35:33	0:23:17	11:35
Jun-23	46,866	0:34:17	0:22:25	11:29
Jul-23	48,412	0:34:46	0:22:55	11:28
Aug-23	47,374	0:36:21	0:24:43	11:23
Sep-23	46,282	0:37:56	0:26:05	11:24
Oct-23	47,585	0:43:51	0:32:40	11:28
Nov-23	46,594	0:43:32	0:31:28	11:03
Dec-23	48,733	0:47:03	0:35:21	11:06

Table O2.2

Top 5 Trusts with most lost unit hours	
Trust	Lost Unit Hours
Whiston Hospital	1,755
Arrowe Park Hospital	1,578
Aintree University Hospital	1,424
Blackpool Victoria Hospital	1,188
Countess of Chester Hospital	1,084

Table O2.3

Month	No. of patients waiting outside A&E for handover
Aug-20*	38
Sep-20	46
Oct-20	355
Nov-20	347
Dec-20	406
Jan-21	528
Feb-21	129
Mar-21	182
Apr-21	196
May-21	282
Jun-21	491
Jul-21	585
Aug-21	674
Sep-21	902
Oct-21	1156
Nov-21	739
Dec-21	824
Jan-22	708
Feb-22	590
Mar-22	936
Apr-22	1057
May-22	891
Jun-22	926
Jul-22	975
Aug-22	1099
Sep-22	1490
Oct-22	2319
Nov-22	1283
Dec-22	1775
Jan-23	862
Feb-23	514
Mar-23	1113
Apr-23	538
May-23	898
Jun-23	545
Jul-23	577
Aug-23	943
Sep-23	1004
Oct-23	1746
Nov-23	1414
Dec-23	2121

O3 ARP RESPONSE TIMES

Figure O3.1

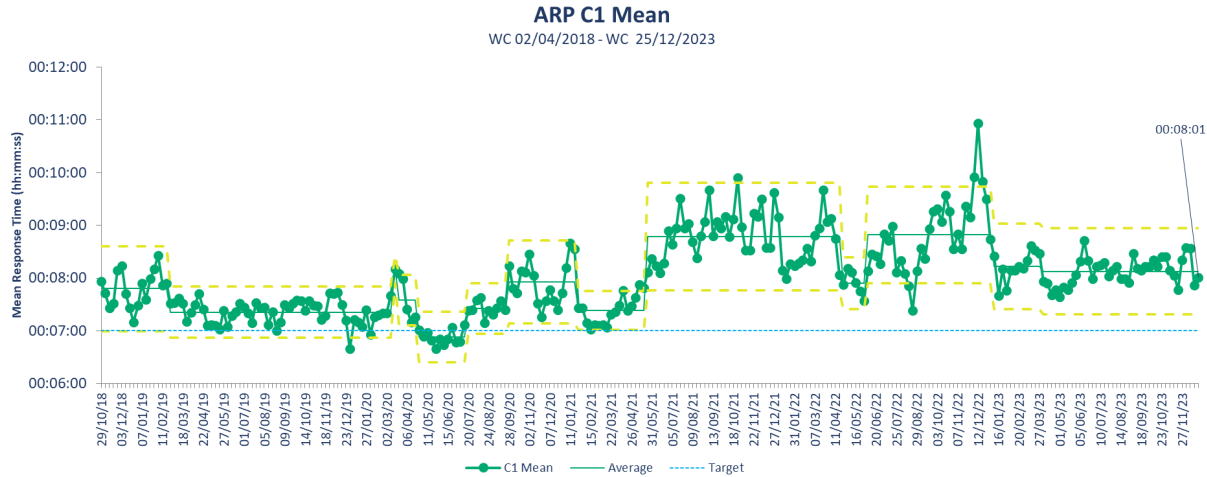
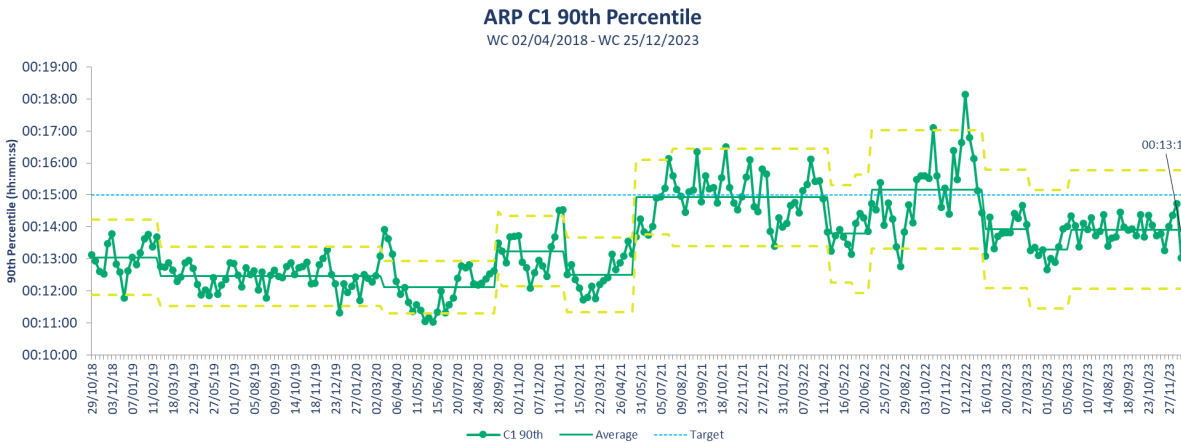


Figure O3.5



December 2023

Figure O3.2

C1 Mean (Red=>7m)

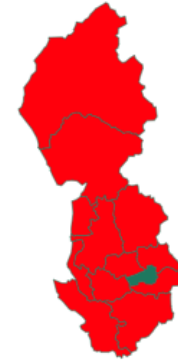


Figure O3.3

Sector	C1 Mean	Time
G Central	<div style="width: 100%;"></div>	00:06:59
G South	<div style="width: 100%;"></div>	00:07:08
G West	<div style="width: 100%;"></div>	00:07:15
M North	<div style="width: 100%;"></div>	00:07:50
G East	<div style="width: 100%;"></div>	00:07:56
CL Fylde	<div style="width: 100%;"></div>	00:08:32
M East	<div style="width: 100%;"></div>	00:08:45
CL East Lancashire	<div style="width: 100%;"></div>	00:08:52
CL Morecambe Bay	<div style="width: 100%;"></div>	00:09:02
CL South Lancashire	<div style="width: 100%;"></div>	00:09:06
M West	<div style="width: 100%;"></div>	00:09:26
M South	<div style="width: 100%;"></div>	00:10:19
CL North Cumbria	<div style="width: 100%;"></div>	00:10:41

Figure O3.4

C1 Mean	
Target	7:00
Dec 2023	8:17
YTD	8:11
Ranking	3rd

Figure O3.6

C1 90th (Red=>15m)



Figure O3.7

Sector	C1 90th	Time
G Central	<div style="width: 100%;"></div>	00:11:21
G West	<div style="width: 100%;"></div>	00:11:47
G South	<div style="width: 100%;"></div>	00:11:56
G East	<div style="width: 100%;"></div>	00:12:38
M North	<div style="width: 100%;"></div>	00:12:58
M East	<div style="width: 100%;"></div>	00:14:29
CL Fylde	<div style="width: 100%;"></div>	00:14:52
CL East Lancashire	<div style="width: 100%;"></div>	00:15:20
CL South Lancashire	<div style="width: 100%;"></div>	00:15:54
CL Morecambe Bay	<div style="width: 100%;"></div>	00:15:57
M West	<div style="width: 100%;"></div>	00:16:36
M South	<div style="width: 100%;"></div>	00:18:11
CL North Cumbria	<div style="width: 100%;"></div>	00:18:17

Figure O3.8

C1 90th	
Target	15:00
Dec 2023	13:57
YTD	13:50
Ranking	3rd

December 2023

Figure O3.9

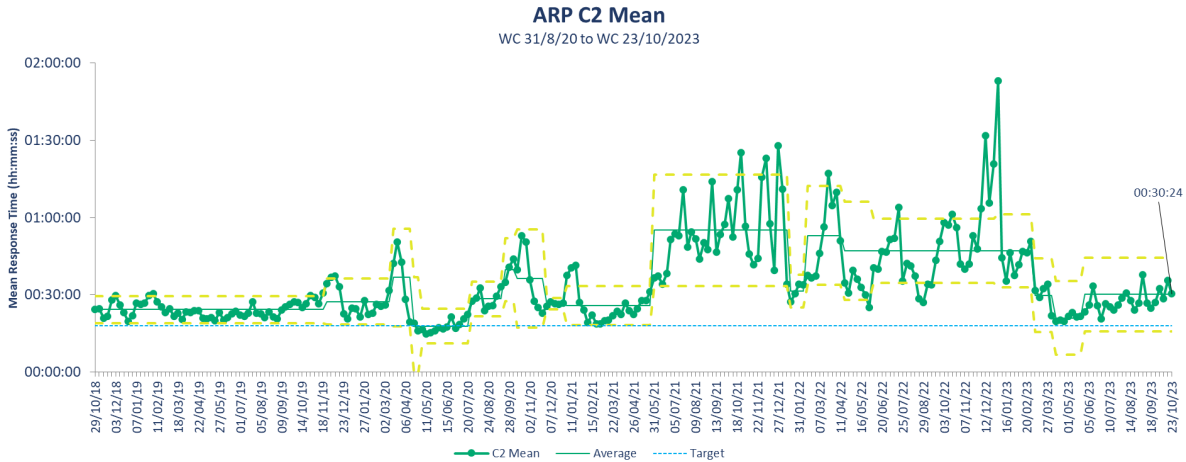


Figure O3.10

C2 Mean (Red=>18m)



Figure O3.11

Sector	C2 Mean	Time
CL North Cumbria	[Bar]	00:23:12
CL Morecambe Bay	[Bar]	00:23:20
G South	[Bar]	00:28:12
G Central	[Bar]	00:29:37
CL East Lancashire	[Bar]	00:32:00
G East	[Bar]	00:32:40
CL Fylde	[Bar]	00:33:25
G West	[Bar]	00:37:55
CL South Lancashire	[Bar]	00:39:59
M South	[Bar]	00:41:14
M West	[Bar]	00:56:20
M East	[Bar]	00:58:09
M North	[Bar]	00:58:14

Figure O3.12

C2 Mean	
Target	18:00
Dec 2023	38:33
YTD	28:36
Ranking	3rd

Figure O3.13

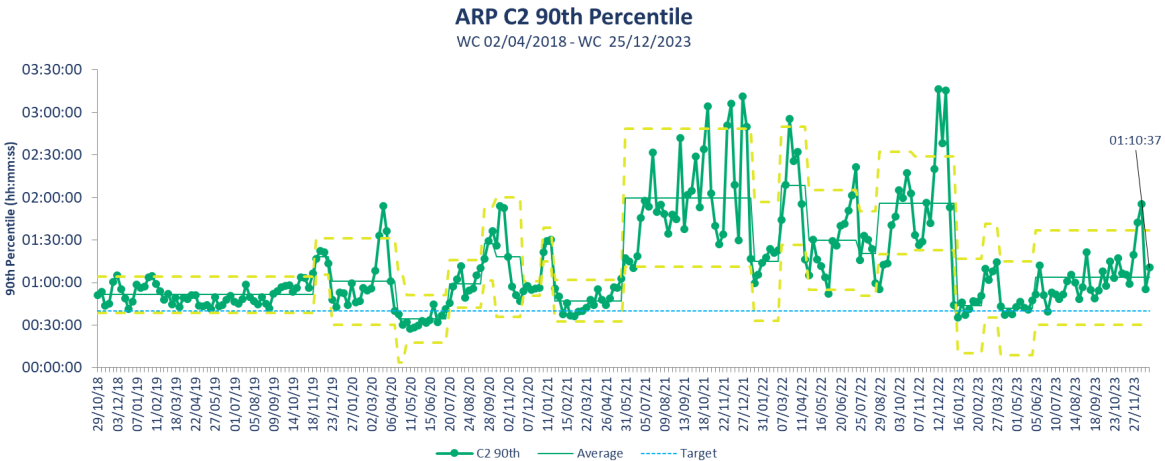


Figure O3.14

C2 90th (Red=>40m)



Figure O3.15

Sector	C2 90th	Time
CL North Cumbria	[Bar]	00:48:02
CL Morecambe Bay	[Bar]	00:48:49
G South	[Bar]	01:02:09
G Central	[Bar]	01:04:18
CL East Lancashire	[Bar]	01:08:06
CL Fylde	[Bar]	01:11:05
G East	[Bar]	01:13:49
G West	[Bar]	01:19:56
CL South Lancashire	[Bar]	01:25:55
M South	[Bar]	01:30:06
M West	[Bar]	02:08:16
M East	[Bar]	02:09:43
M North	[Bar]	02:10:59

Figure O3.16

C2 90th	
Target	40:00
Dec 2023	01:27:49
YTD	59:58
Ranking	3rd

Figure O3.17

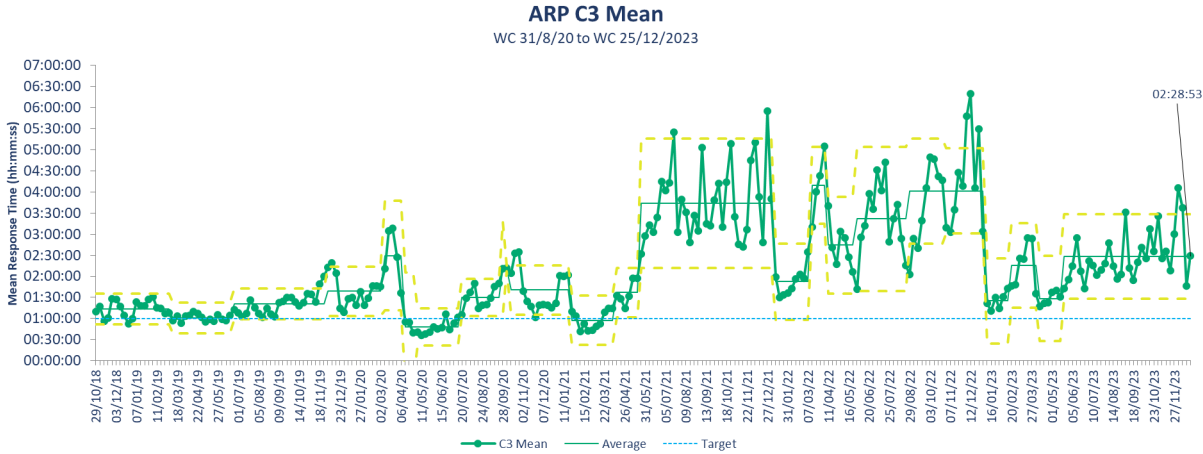


Figure O3.18

C3 Mean (Red=>60m)



Figure O3.19

Sector	C3 Mean	Time
CL North Cumbria	<div style="width: 10%;"></div>	01:16:01
CL Morecambe Bay	<div style="width: 15%;"></div>	01:26:05
CL Fylde	<div style="width: 20%;"></div>	02:08:13
CL East Lancashire	<div style="width: 25%;"></div>	02:17:36
CL South Lancashire	<div style="width: 30%;"></div>	02:38:39
M South	<div style="width: 35%;"></div>	02:40:16
G South	<div style="width: 40%;"></div>	02:41:55
M West	<div style="width: 45%;"></div>	03:16:39
M North	<div style="width: 50%;"></div>	03:25:48
G East	<div style="width: 55%;"></div>	03:25:53
G Central	<div style="width: 60%;"></div>	03:31:23
G West	<div style="width: 65%;"></div>	03:39:40
M East	<div style="width: 70%;"></div>	03:51:02

Figure O3.20

C3 Mean	
Target	1:00:00
Dec 2023	2:56:05
YTD	2:16:09
Ranking	8th

Figure O3.21

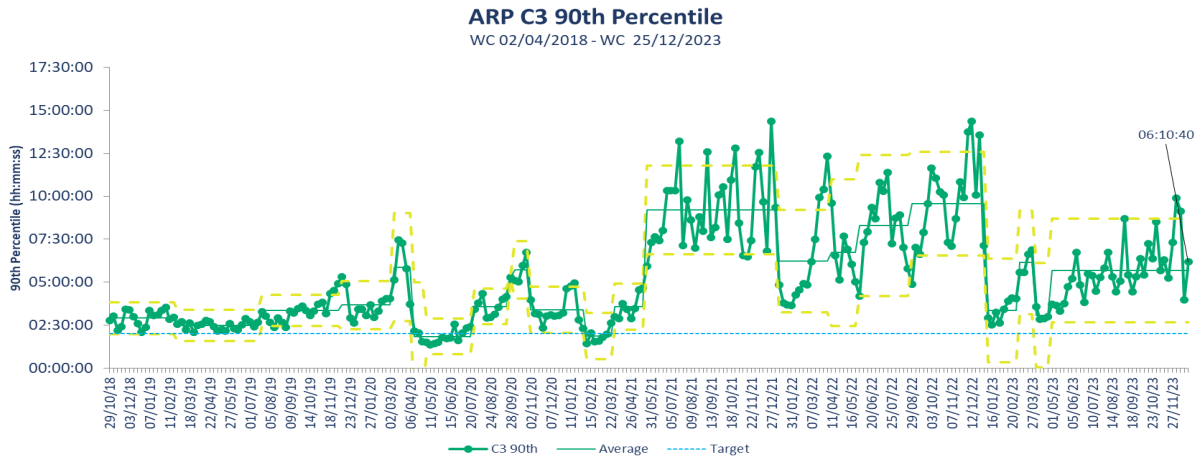


Figure O3.22

C3 90th (Red=>2h)



Figure O3.23

Sector	C3 90th	Time
CL North Cumbria	<div style="width: 10%;"></div>	02:50:26
CL Morecambe Bay	<div style="width: 15%;"></div>	03:41:58
CL Fylde	<div style="width: 20%;"></div>	04:54:49
CL East Lancashire	<div style="width: 25%;"></div>	05:31:01
M South	<div style="width: 30%;"></div>	06:02:24
G South	<div style="width: 35%;"></div>	06:26:59
CL South Lancashire	<div style="width: 40%;"></div>	06:30:59
G East	<div style="width: 45%;"></div>	08:22:06
M West	<div style="width: 50%;"></div>	08:39:00
G Central	<div style="width: 55%;"></div>	08:50:58
M North	<div style="width: 60%;"></div>	09:11:10
G West	<div style="width: 65%;"></div>	09:18:15
M East	<div style="width: 70%;"></div>	10:27:17

Figure O3.24

C3 90th	
Target	2:00:00
Dec 2023	7:21:51
YTD	5:21:01
Ranking	6th

Figure O3.25

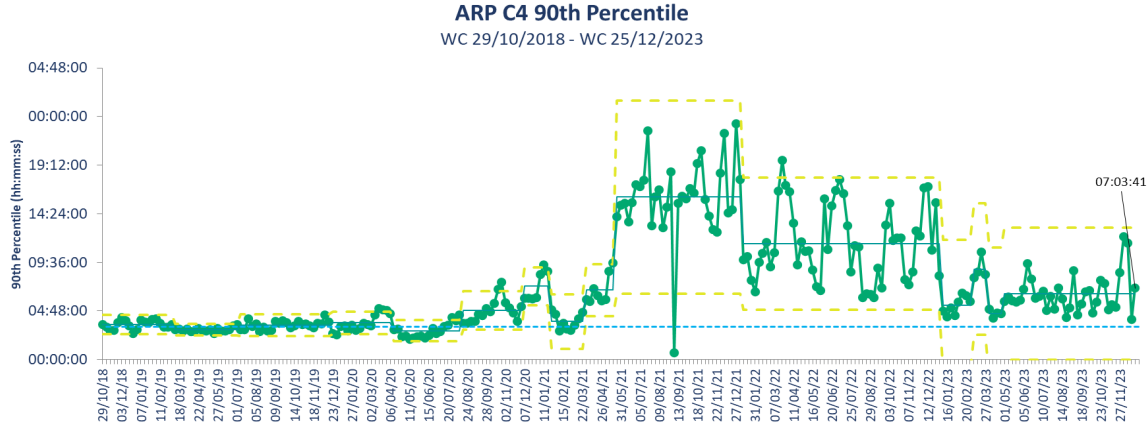


Figure O3.26

C4 90th (Red=>3h)



Figure O3.27

Sector	C4 90th	Time
CL North Cumbria	<div style="width: 10%;"></div>	02:08:26
CL Morecambe Bay	<div style="width: 15%;"></div>	03:07:10
M North	<div style="width: 20%;"></div>	04:51:27
CL Fylde	<div style="width: 25%;"></div>	05:25:56
G South	<div style="width: 30%;"></div>	06:19:06
CL East Lancashire	<div style="width: 35%;"></div>	06:43:26
M East	<div style="width: 40%;"></div>	07:05:05
M South	<div style="width: 45%;"></div>	08:04:21
CL South Lancashire	<div style="width: 50%;"></div>	08:10:19
G West	<div style="width: 60%;"></div>	12:19:12
G Central	<div style="width: 70%;"></div>	12:23:32
M West	<div style="width: 80%;"></div>	13:21:46
G East	<div style="width: 90%;"></div>	13:35:38

Figure O3.28

C4 90th	
Target	3:00:00
Dec 2023	6:51:19
YTD	6:09:18
Ranking	5th

O3 ARP Provider Comparison

Figure O3.25

C1 Mean & 90th Percentile Over Time

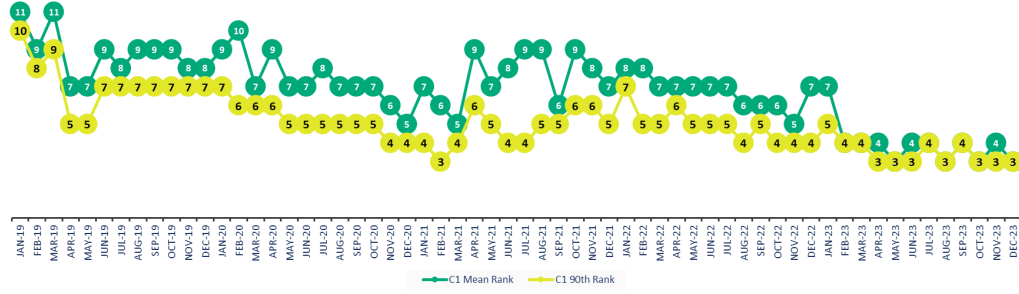


Figure O3.26

C2 Mean & 90th Percentile Over Time

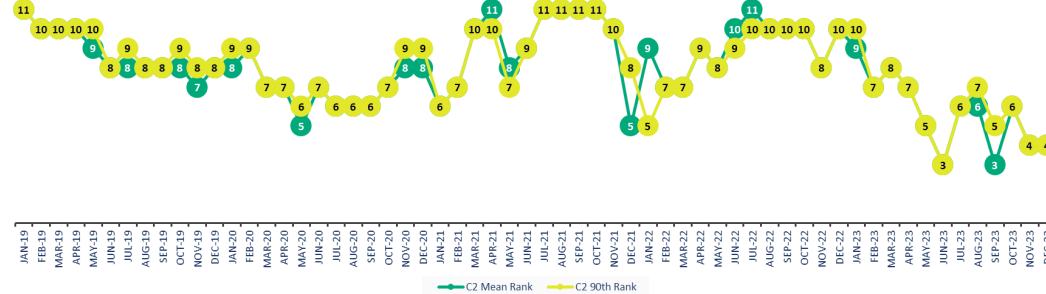


Figure O3.27

C3 Mean & 90th Percentile Over Time



Figure O3.28

C4 90th Percentile Over Time



Rank	Trust	C1 Mean	Time	Rank	Trust	C1 90th	Time	Rank	Trust	C2 Mean	Time	Rank	Trust	C2 90th	Time	Rank	Trust	C3 Mean	Time	Rank	Trust	C3 90th	Time	Rank	Trust	C4 90th	Time
1	North East		07:18	1	North East		12:46	1	Isle of Wight		0:29:45	1	Isle of Wight		1:00:12	1	Isle of Wight		01:21:00	1	Isle of Wight		02:58:43	1	North East		04:28:52
2	London		08:00	2	London		13:28	2	South East Coast		0:32:20	2	South East Coast		1:07:42	2	London		01:42:23	2	London		04:18:36	2	South Western		04:54:04
3	North West		08:17	3	North West		13:57	3	South Central		0:38:09	3	South Central		1:17:59	3	South Western		02:05:11	3	North East		05:08:55	3	Isle of Wight		05:46:27
4	West Midlands		08:22	4	West Midlands		14:39	4	North West		0:38:33	4	North East		1:25:12	4	North East		02:11:34	4	South Western		05:24:10	4	London		05:56:43
5	South East Coast		08:40	5	Yorkshire		15:19	5	North East		0:42:29	5	North West		1:27:49	5	Yorkshire		02:22:02	5	Yorkshire		05:26:41	5	South East Coast		06:04:37
6	Yorkshire		08:46	6	Yorkshire		15:38	6	Yorkshire		0:45:56	6	Yorkshire		1:44:33	6	South East Coast		02:34:09	6	East of England		05:53:50	6	Yorkshire		06:06:06
7	South Central		08:53	7	South Central		15:56	7	West Midlands		0:46:24	7	West Midlands		1:45:32	7	East of England		02:35:45	7	South East Coast		06:04:36	7	East Midlands		06:23:15
8	East of England		09:16	8	East Midlands		16:33	8	East of England		0:50:57	8	South Western		1:50:06	8	South Central		02:39:31	8	South Central		06:31:37	8	North West		06:51:19
9	Isle of Wight		09:22	9	Isle of Wight		16:43	9	South Western		0:51:24	9	East of England		1:51:43	9	North West		02:56:05	9	North West		07:21:51	9	South Central		08:59:22
10	East Midlands		09:23	10	East of England		17:18	10	London		0:52:06	10	London		1:58:07	10	East Midlands		03:21:14	10	East Midlands		08:03:59	10	West Midlands		10:24:08
11	South Western		10:04	11	South Western		18:39	11	East Midlands		0:56:09	11	East Midlands		2:01:29	11	West Midlands		03:47:01	11	West Midlands		09:45:00	11	East of England		10:45:25

O3 LONG WAITS

Table O3.29

Year Month	Total No. of C1 long waits
Jun-19	436
Jul-19	523
Aug-19	471
Sep-19	482
Oct-19	582
Nov-19	542
Dec-19	575
Jan-20	425
Feb-20	385
Mar-20	594
Apr-20	329
May-20	186
Jun-20	196
Jul-20	274
Aug-20	437
Sep-20	394
Oct-20	566
Nov-20	447
Dec-20	455
Jan-21	663
Feb-21	240
Mar-21	358
Apr-21	489
May-21	734
Jun-21	971
Jul-21	1,524
Aug-21	1,226
Sep-21	1,501
Oct-21	1,650
Nov-21	1,329
Dec-21	1,590
Jan-22	1,109
Feb-22	985
Mar-22	1,609
Apr-22	1,145
May-22	869
Jun-22	940
Jul-22	1,207
Aug-22	653
Sep-22	804
Oct-22	1,186
Nov-22	959
Dec-22	1,619
Jan-23	694
Feb-23	543
Mar-23	708
Apr-23	509
May-23	505
Jun-23	693
Jul-23	706
Aug-23	643
Sep-23	713
Oct-23	761
Nov-23	665
Dec-23	785

Figure O3.29

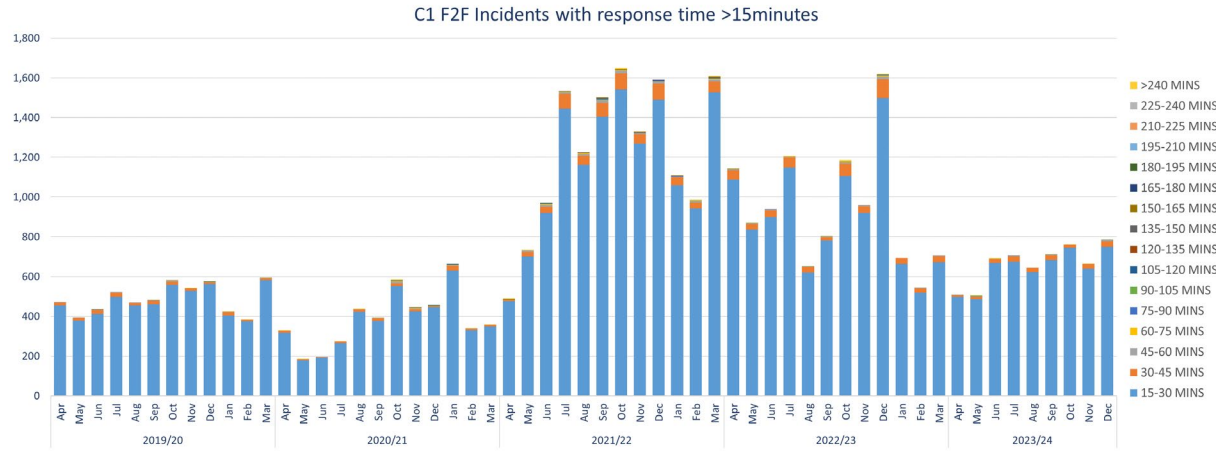


Figure O3.30

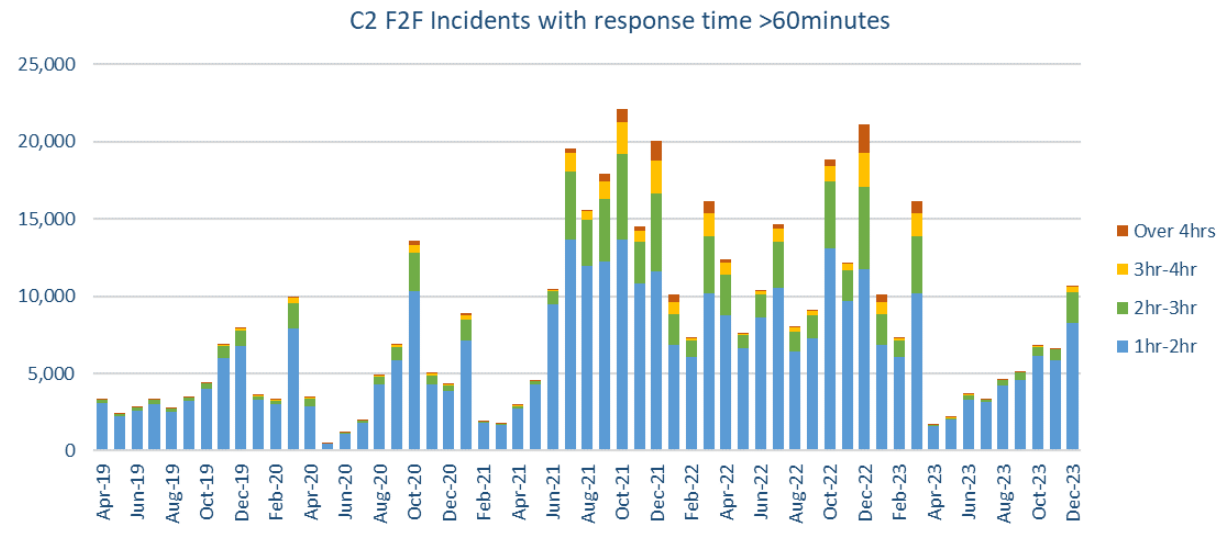
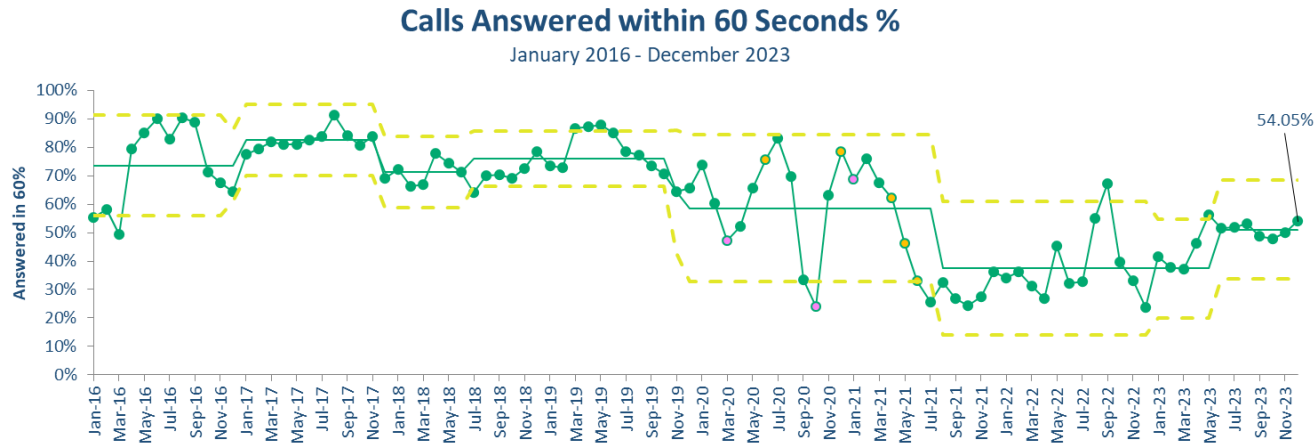


Table O3.30

Year Month	Total No. of C2 long waits
Jun-19	2,817
Jul-19	3,332
Aug-19	2,765
Sep-19	3,479
Oct-19	4,412
Nov-19	6,888
Dec-19	7,998
Jan-20	3,604
Feb-20	3,203
Mar-20	10,001
Apr-20	3,458
May-20	483
Jun-20	1,193
Jul-20	2,003
Aug-20	4,860
Sep-20	6,874
Oct-20	13,563
Nov-20	5,090
Dec-20	4,290
Jan-21	8,889
Feb-21	1,908
Mar-21	1,739
Apr-21	2,918
May-21	4,523
Jun-21	10,503
Jul-21	19,540
Aug-21	15,612
Sep-21	17,922
Oct-21	22,113
Nov-21	14,517
Dec-21	20,037
Jan-22	10,127
Feb-22	7,349
Mar-22	16,135
Apr-22	12,400
May-22	7,564
Jun-22	10,374
Jul-22	14,649
Aug-22	8,051
Sep-22	9,057
Oct-22	18,870
Nov-22	12,153
Dec-22	21,089
Jan-23	4,631
Feb-23	2,048
Mar-23	6,132
Apr-23	1,650
May-23	2,142
Jun-23	3,670
Jul-23	3,294
Aug-23	4,614
Sep-23	5,089
Oct-23	6,758
Nov-23	6,611
Dec-23	10,636

O4 111 PERFORMANCE

Figure O4.1



Calls Answered within 60 Seconds %	
Target	95%
Dec 2023	54.05%
YTD	51.12%
National	59.6%
Ranking	16th / 37

Figure O4.2

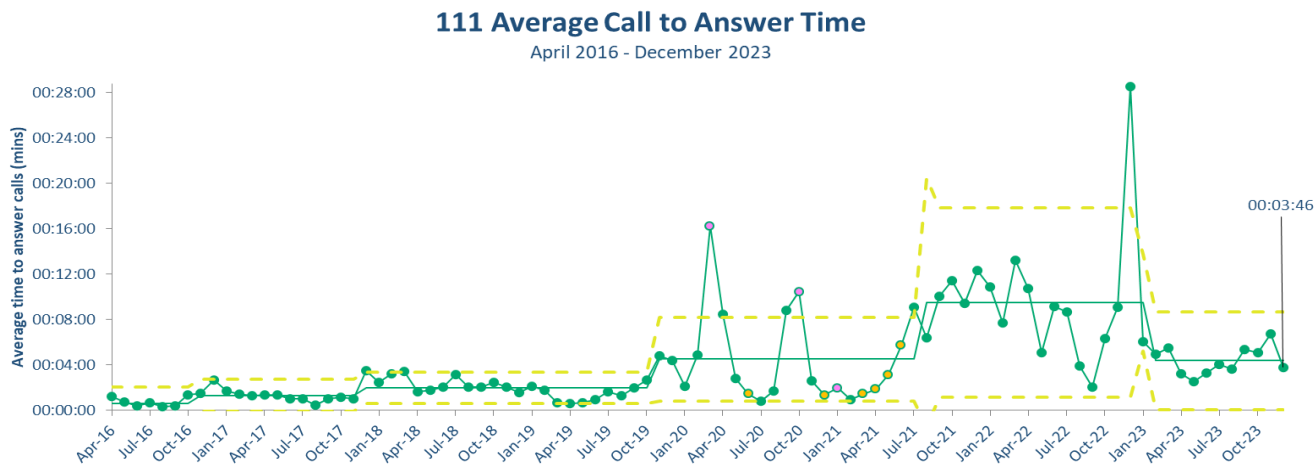
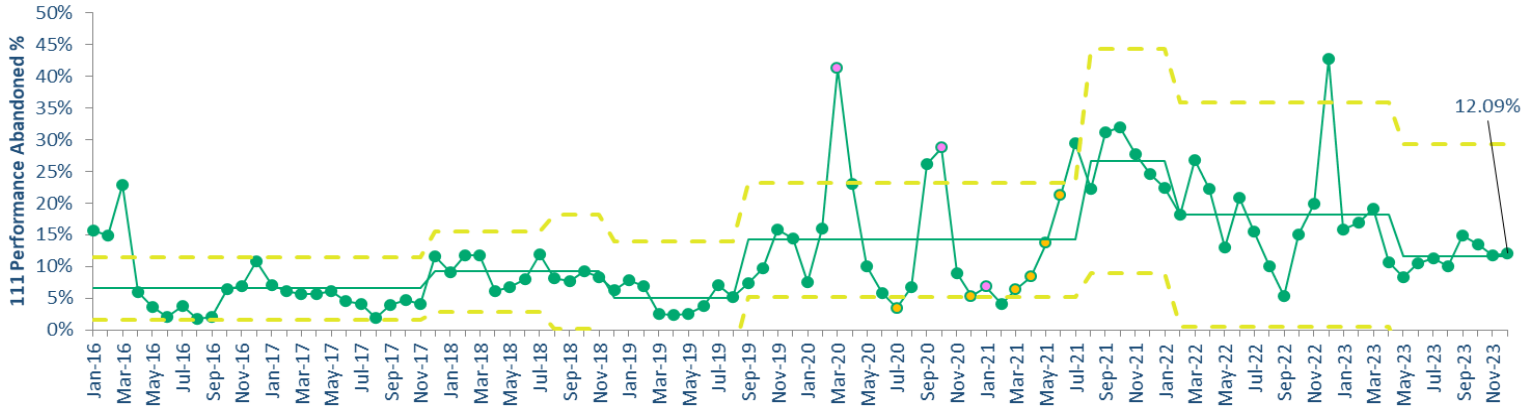


Figure O4.3

111 Calls Abandoned %

January 2016 - December 2023

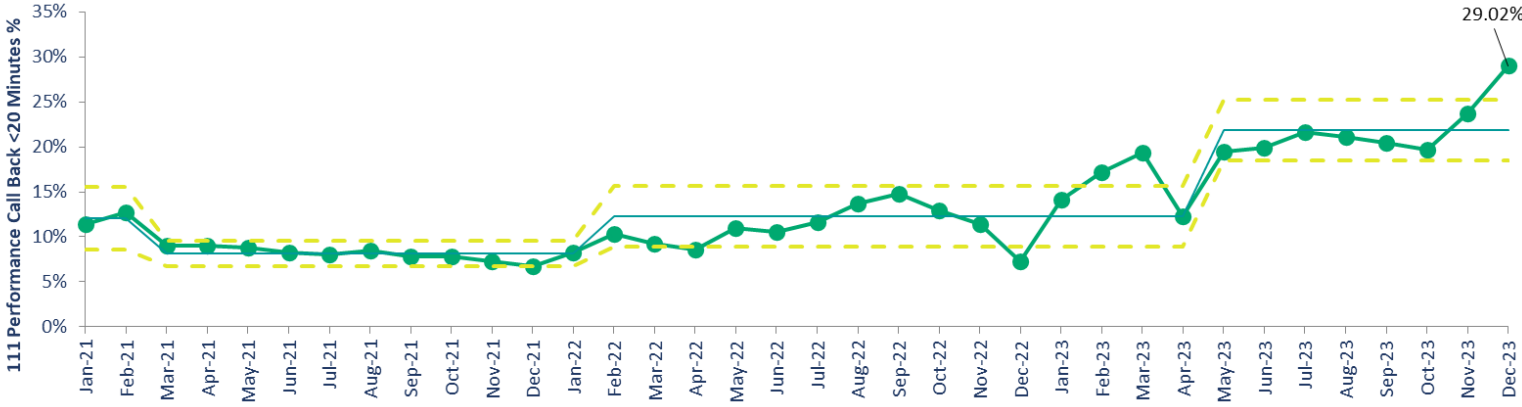


Calls Abandoned %	
Target	<5%
Dec 2023	12.09%
YTD	11.46%
National	10.8%
Ranking	28th / 37

Figure O4.4

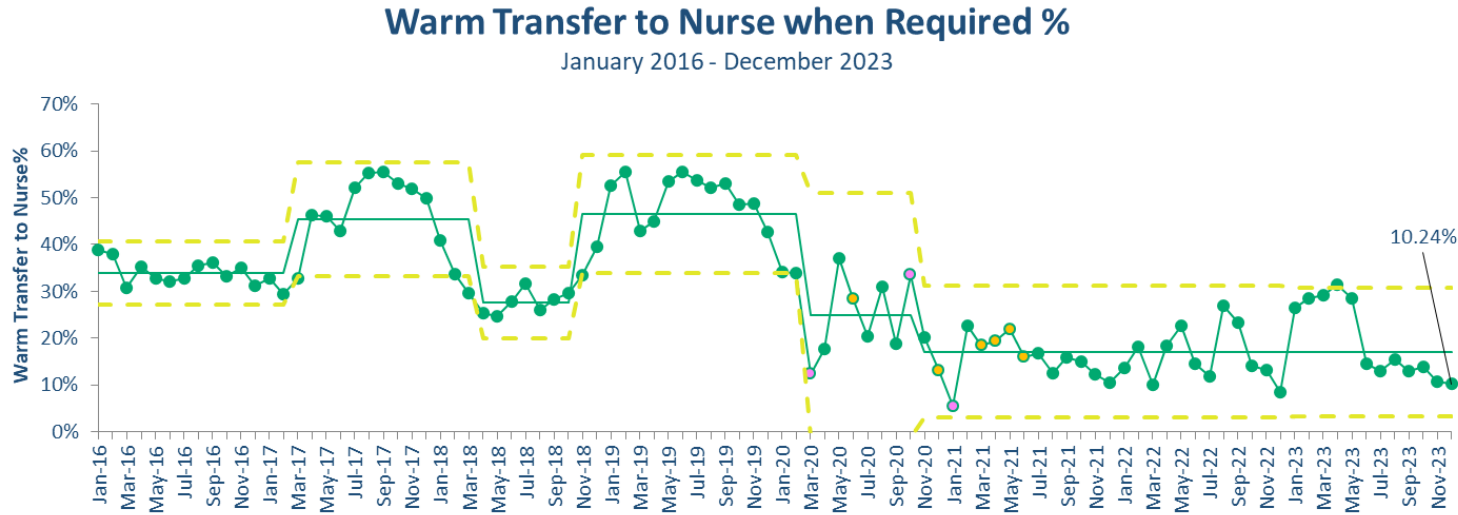
111 Performance Call Back < 20 Minutes %

January 2021 - December 2023



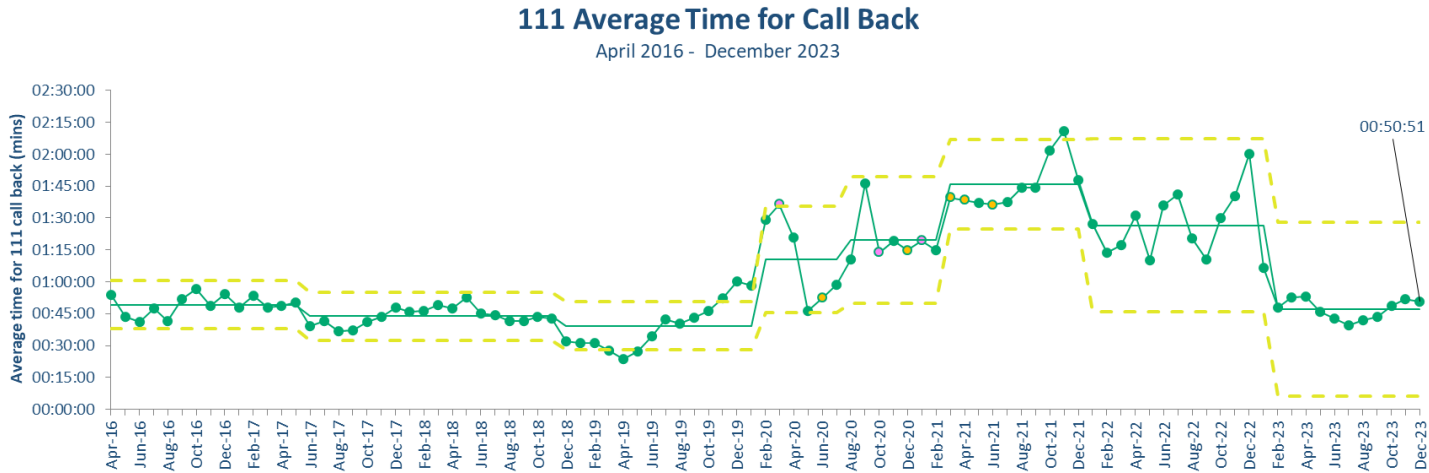
Calls Back <20 Mins	
Target	90%
Dec 2023	29.02%
YTD	20.79%

Figure O4.5



Warm Transfer %	
Target	75%
Dec 2023	10.24%
YTD	16.77%

Figure O4.6



O5 PTS ACTIVITY & TARIFF

Figure O5.1

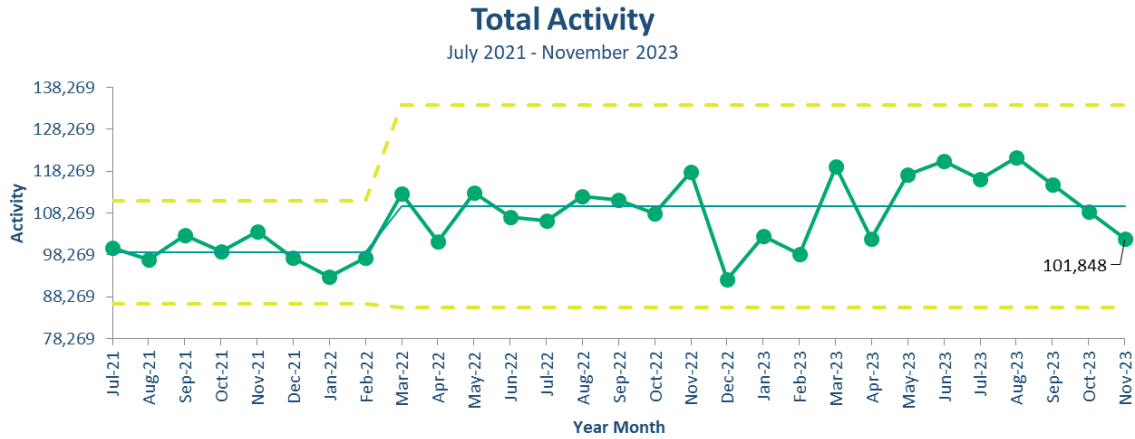


Figure O5.2

Contract	Total Activity
Greater Manchester	48,913
Lancashire	39,104
Merseyside	25,777
Cumbria	11,168

Total Activity	
Plan	132,015
Actual	124,962
YTD Plan	660,076
YTD Activity	603,983

Figure O5.3

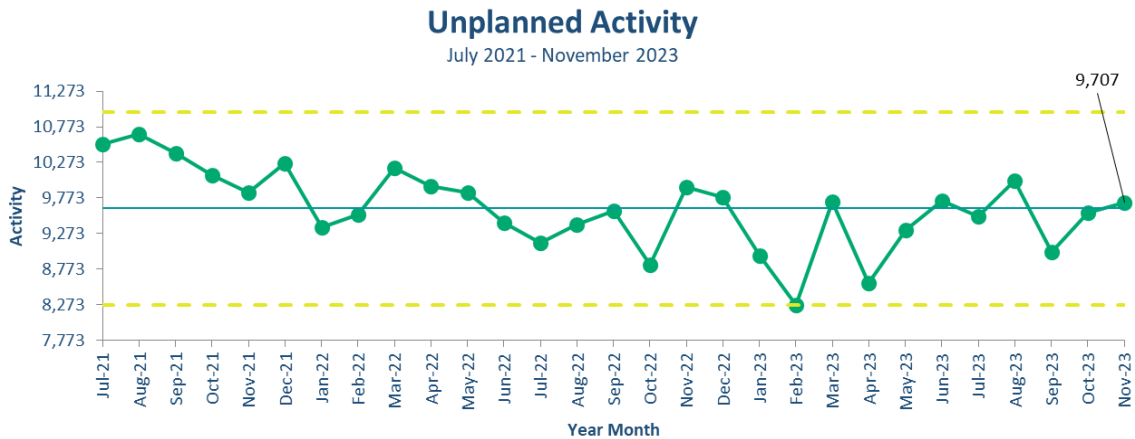


Figure O5.4

Contract	Unplanned Activity
Greater Manchester	4,061
Lancashire	3,342
Merseyside	1,911
Cumbria	393

Unplanned Activity	
Plan	12,107
Actual	9,707
YTD Plan	60,543
YTD Activity	47,809

Figure O5.5

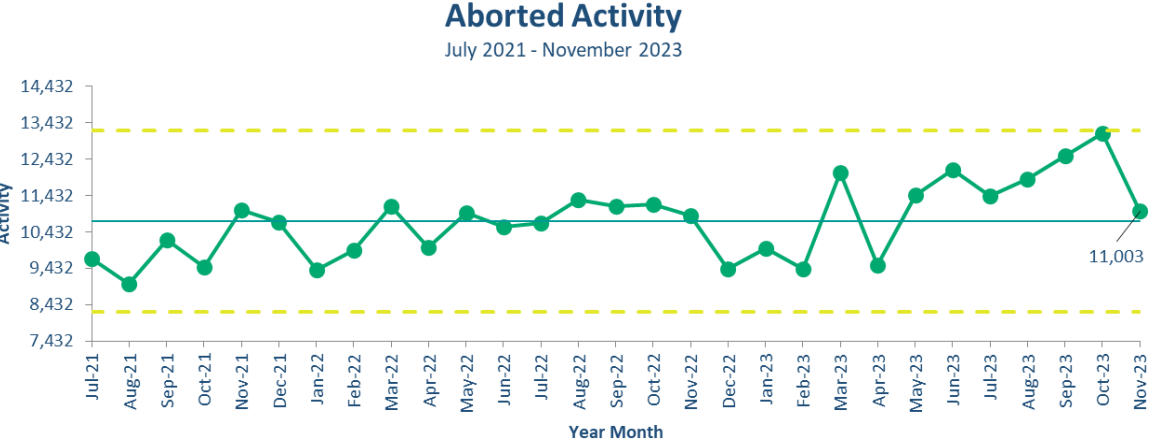


Figure O5.6

Contract	Aborted Activity
Greater Manchester	5,779
Lancashire	2,744
Merseyside	2,159
Cumbria	321



Finance

F1 – FINANCIAL SCORE

Figure F1.1

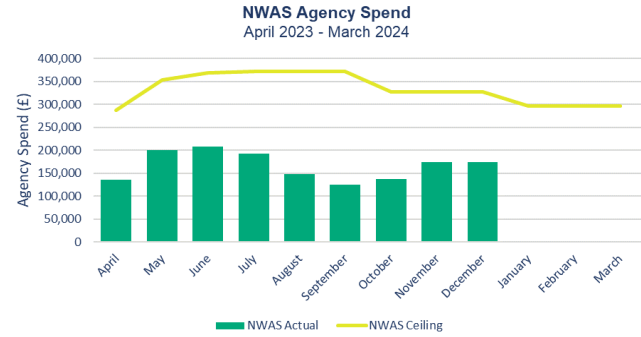


Figure F1.2

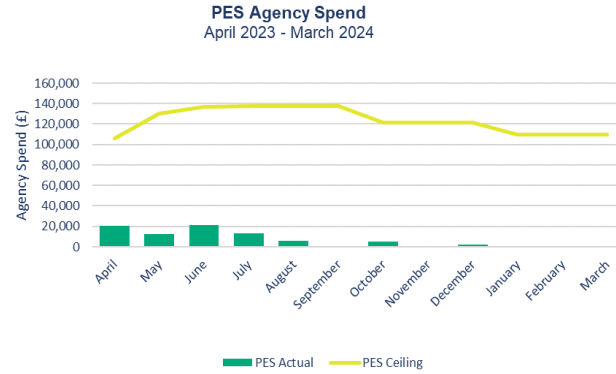


Figure F1.3

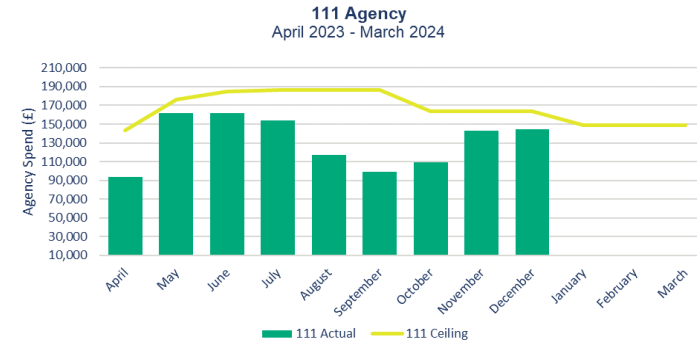


Figure F1.4

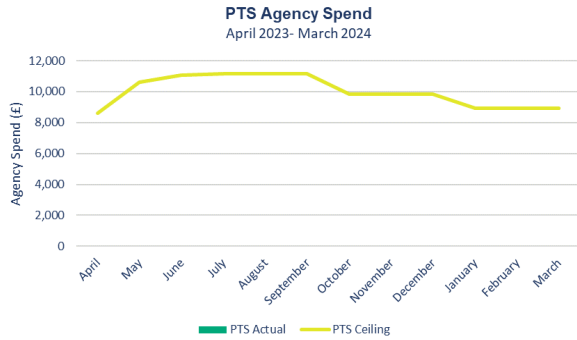


Figure F1.5

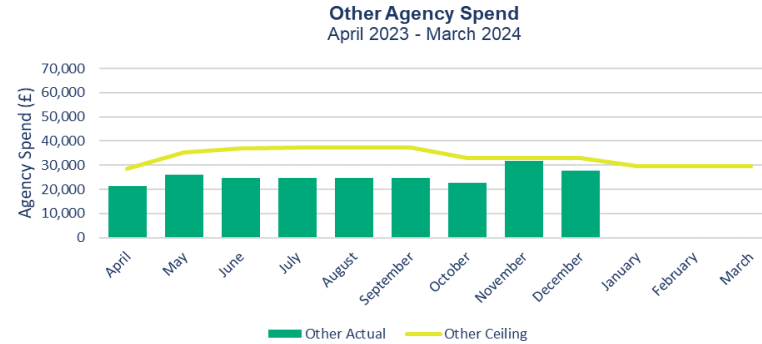


Figure F1.6

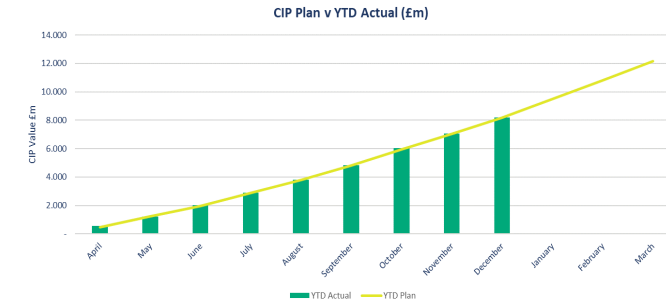


Figure F1.7

Agency spend as percentage of Total Pay

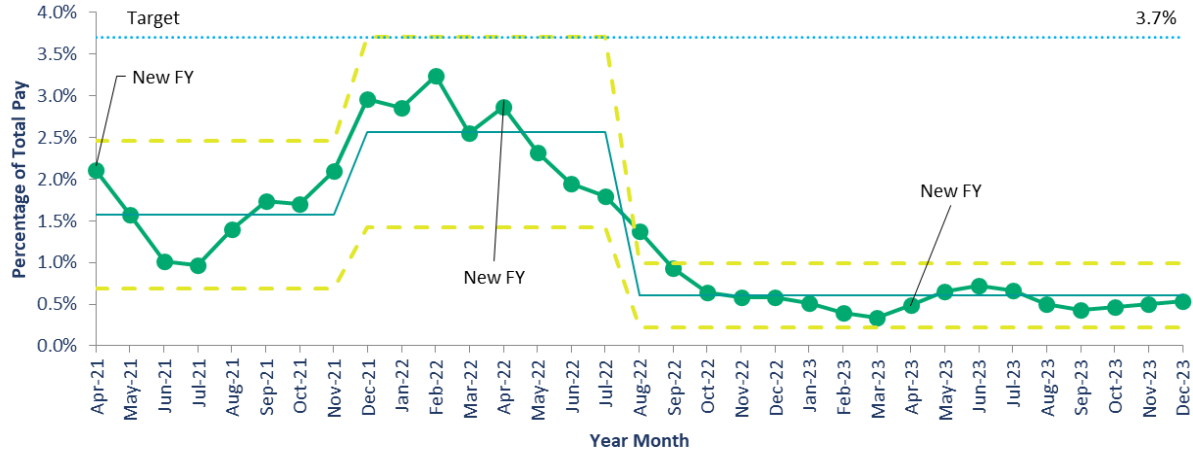


Figure F1.8

Agency variance to ceiling

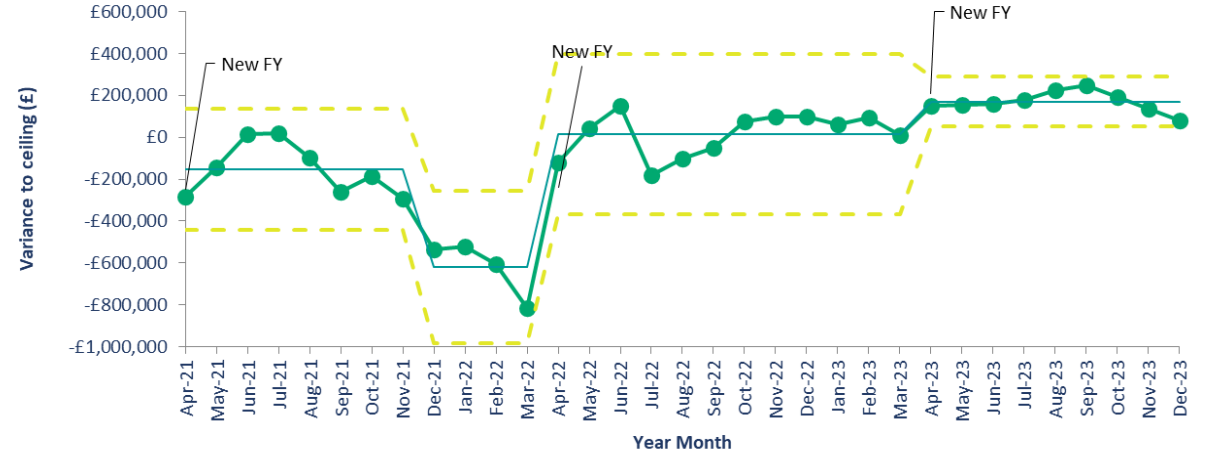
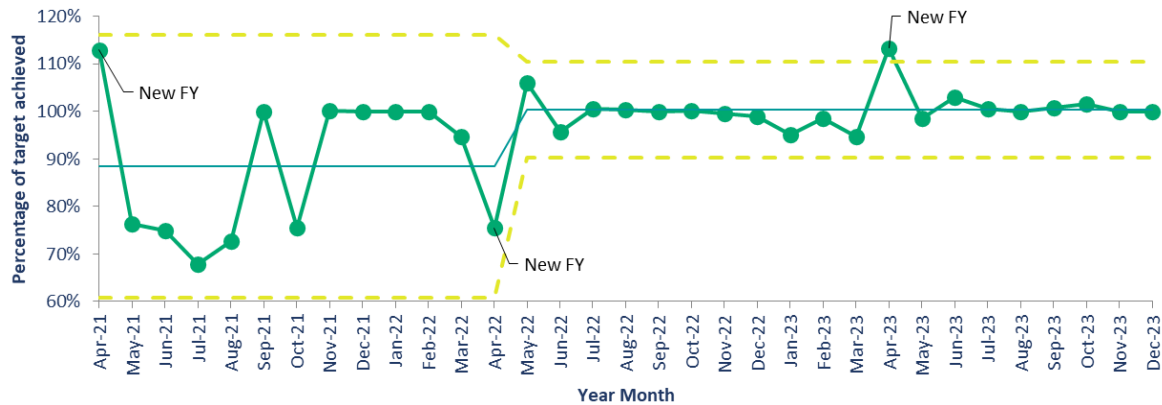


Figure F1.9

Productivity and Efficiency Savings Achieved as percentage of Target



Organisational Health

OH1 STAFF SICKNESS

Figure OH1.1

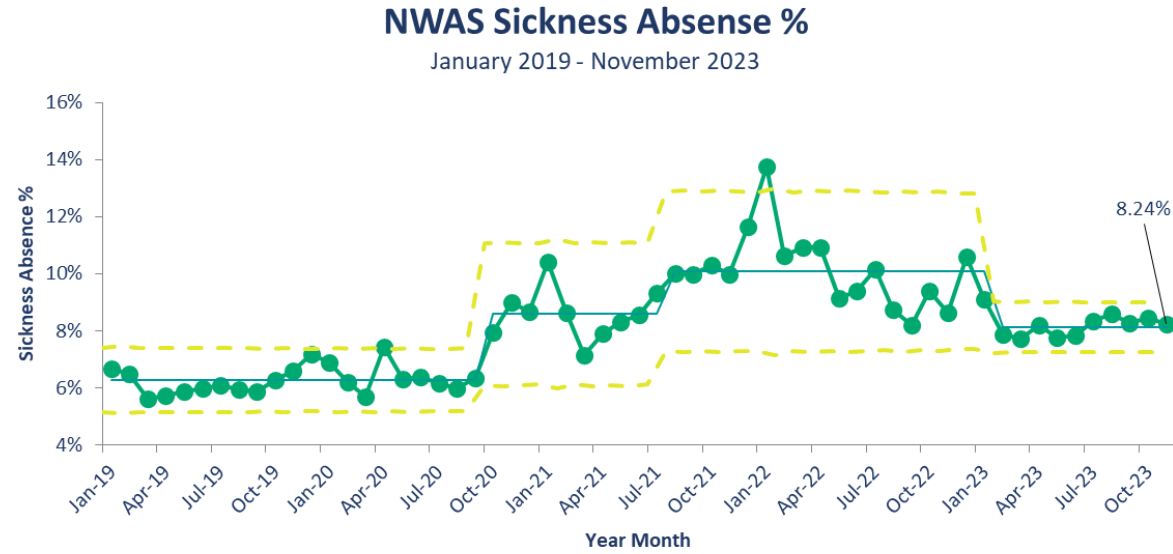


Table OH1.1

Sickness Absence	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Ju-23	Aug-23	Sep-23	Oct 23	Nov 23
NWAS	10.60%	9.11%	7.88%	7.71%	8.18%	7.77%	7.82%	8.33%	8.58%	8.26%	8.46%	8.24%
Amb. National Average	9.15%	7.71%	7.06%	6.82%	6.7%	6.3%	6.6%	6.8%	6.9%	6.6%	6.8%	

Figure OH1.2

PTS Sickness Absence %

January 2019 - November 2023

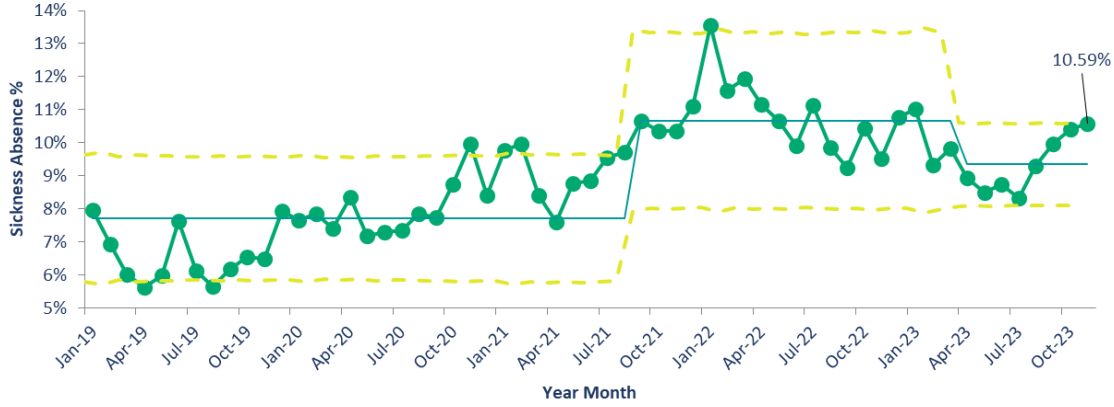


Figure OH1.3

PES Sickness Absence %

January 2019 - November 2023

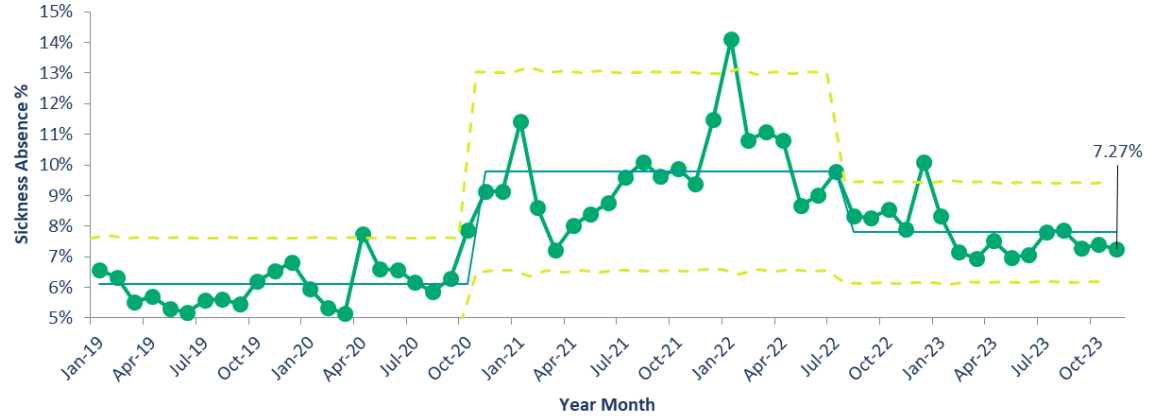


Figure OH1.4

EOC Sickness Absence %

January 2019 - November 2023

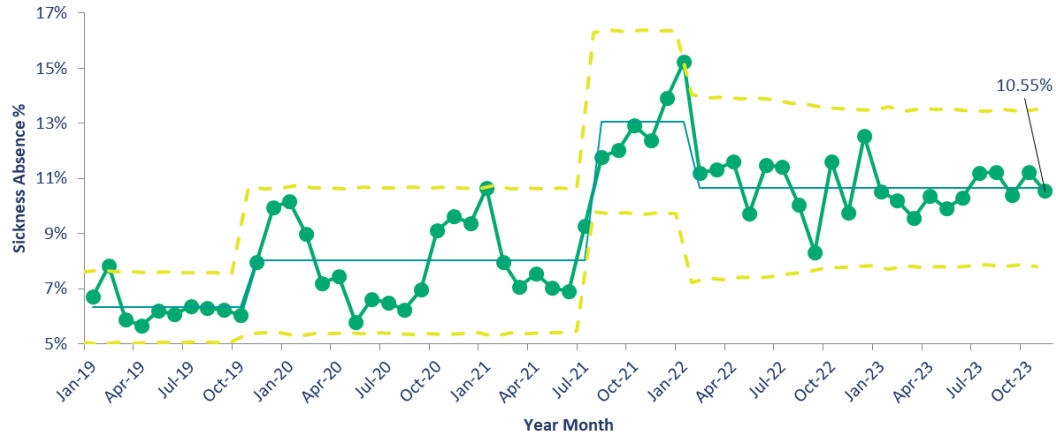


Figure OH1.5

111 Sickness Absence %

January 2019 - November 2023



OH2 STAFF TURNOVER

Figure OH2.1

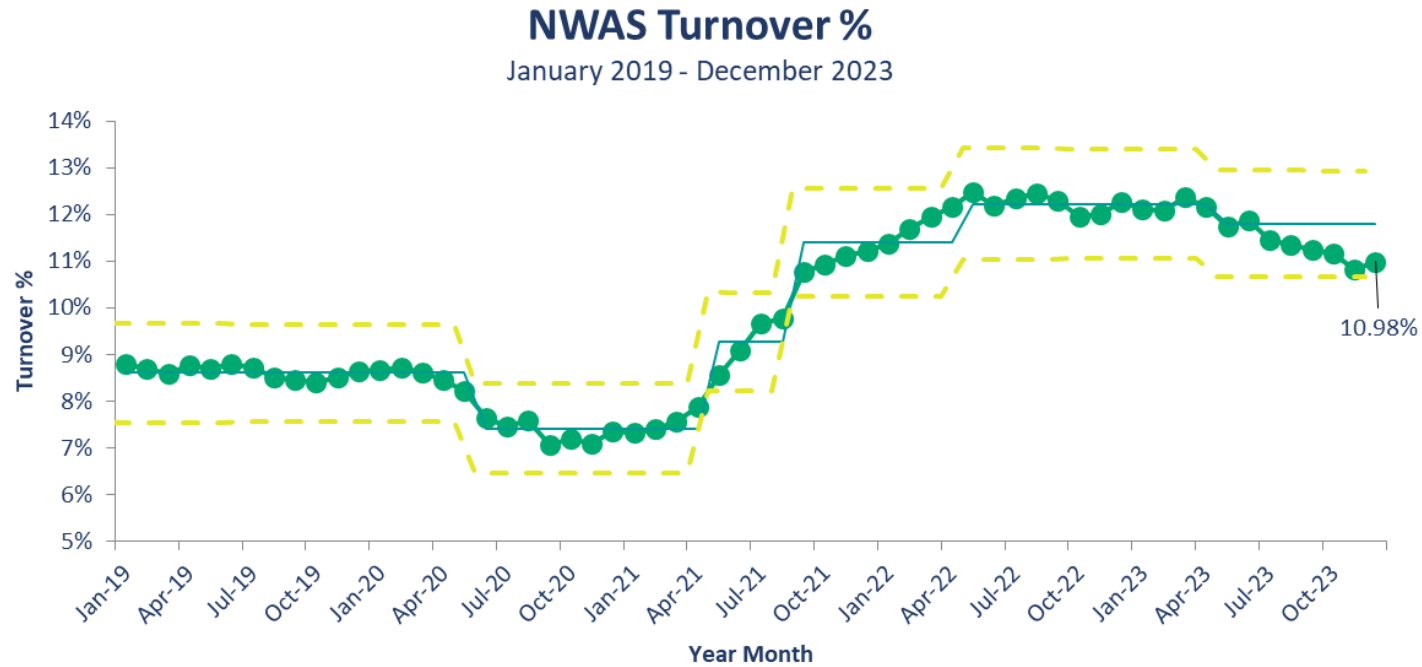


Table OH2.1

Turnover	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NWAS	12.11%	12.09%	12.38%	12.15%	11.73%	11.87%	11.46%	11.35%	11.23%	11.16%	10.83%	10.98%
Amb. National Average	12.19%	12.21%	12.60%	12.17%	11.81%	11.71%	11.49%	11.20%	10.99%			

Figure OH2.2

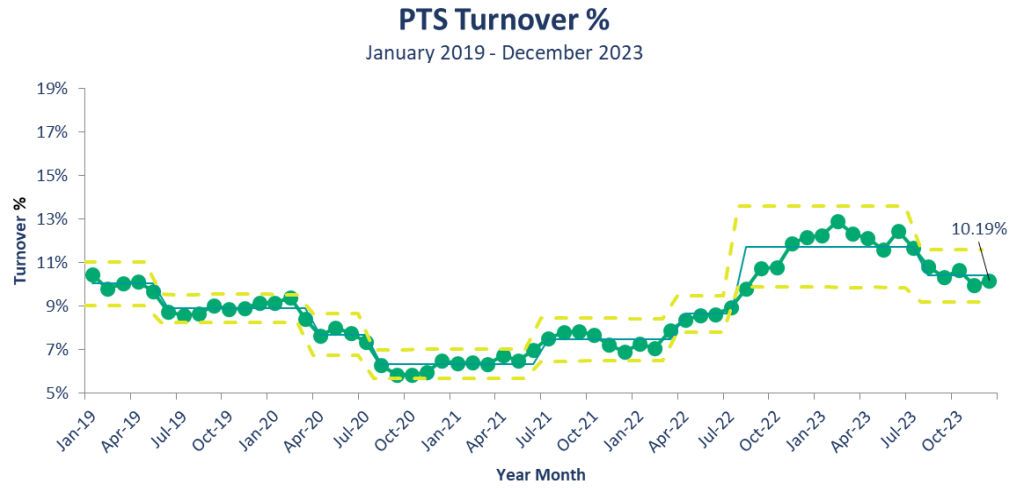


Figure OH2.3

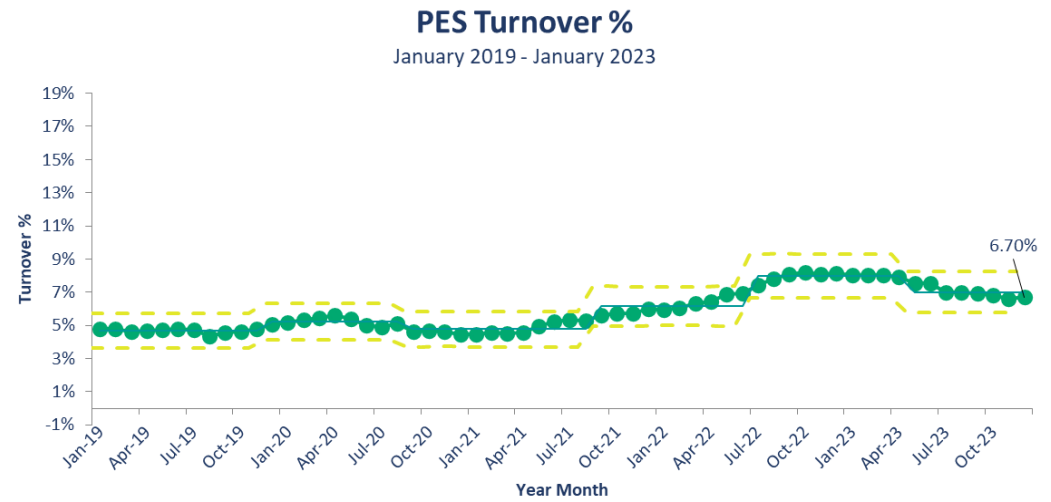


Figure OH2.4

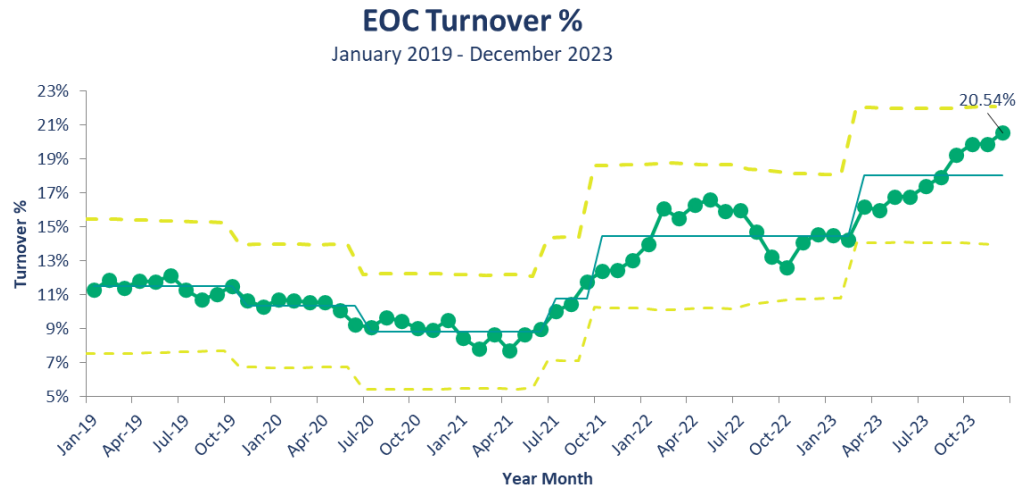
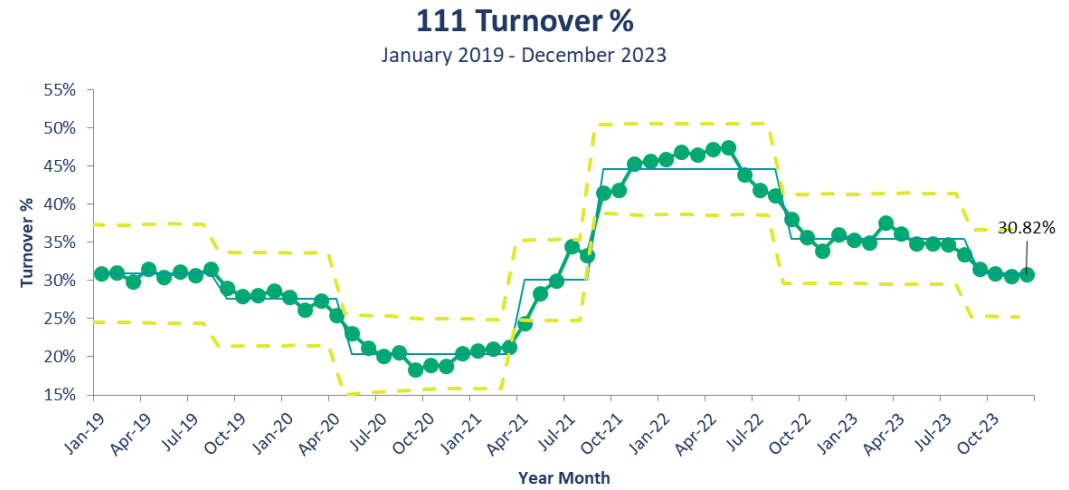


Figure OH2.5



The scale on the 111 Turnover % is different to the others. 15%-55% for 111 and 5% to 19% for the others.

OH4 TEMPORARY STAFFING

Figure OH4.1

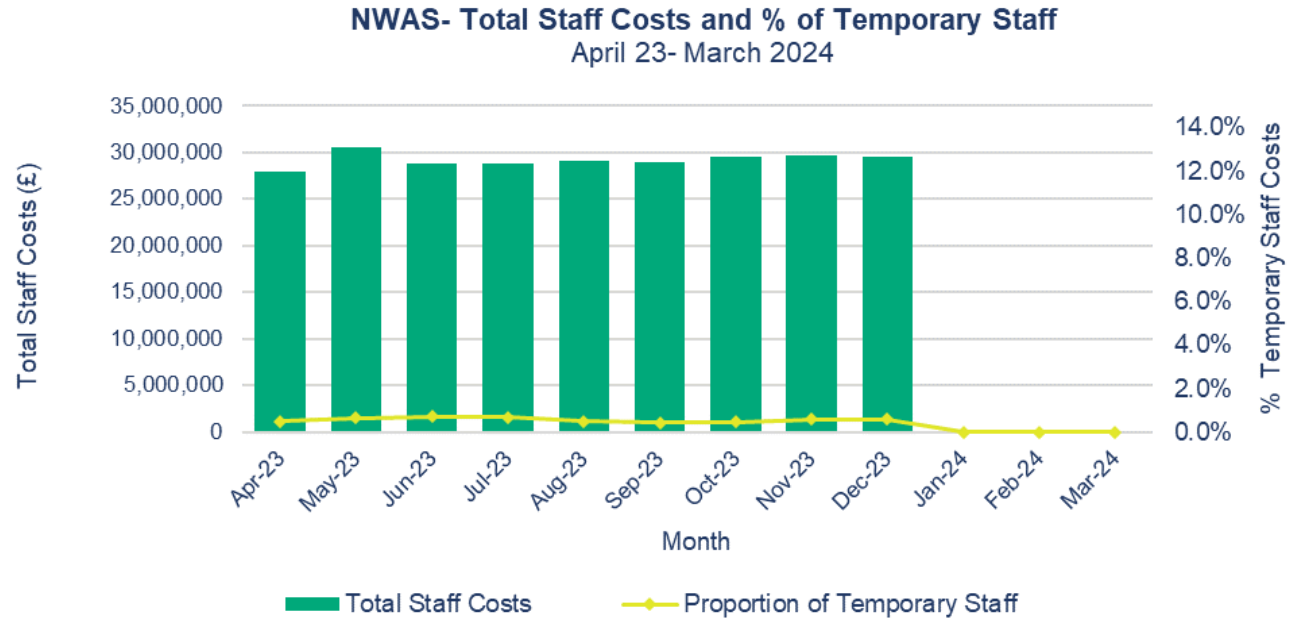


Table OH4.1

NWAS	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug -23	Sep-23	Oct-23	Nov-23	Dec-23
Agency Staff Costs (£)	140,004	107,701	191,258	135,492	200,114	207,520	192,594	147,684	124,670	136,633	174,789	174,325
Total Staff Costs (£)	27,041,860	26,856,025	56,312,765	27,882,122	30,582,073	28,815,903	28,871,609	29,127,865	29,022,514	29,479,928	29,620,537	29,568,340
Proportion of Temporary Staff %	0.5%	0.4%	0.3%	0.5%	0.7%	0.7%	0.7%	0.5%	0.4%	0.5%	0.6%	0.6%

Figure OH4.3

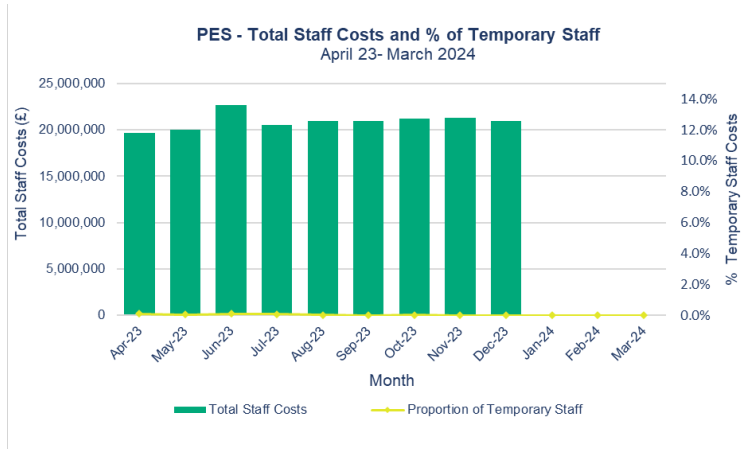


Figure OH4.4

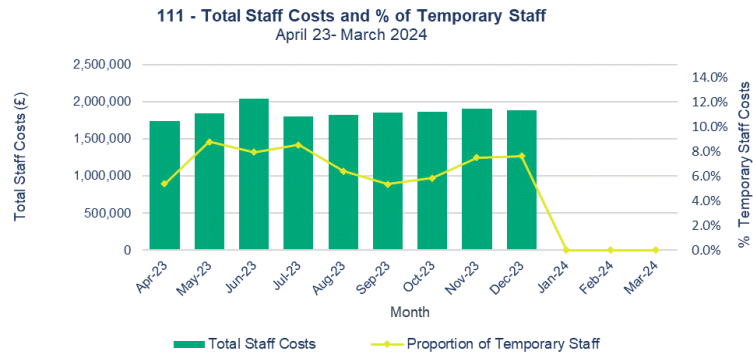


Figure OH4.5

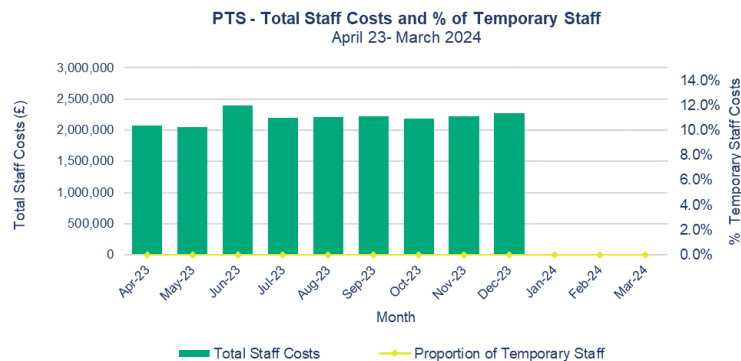
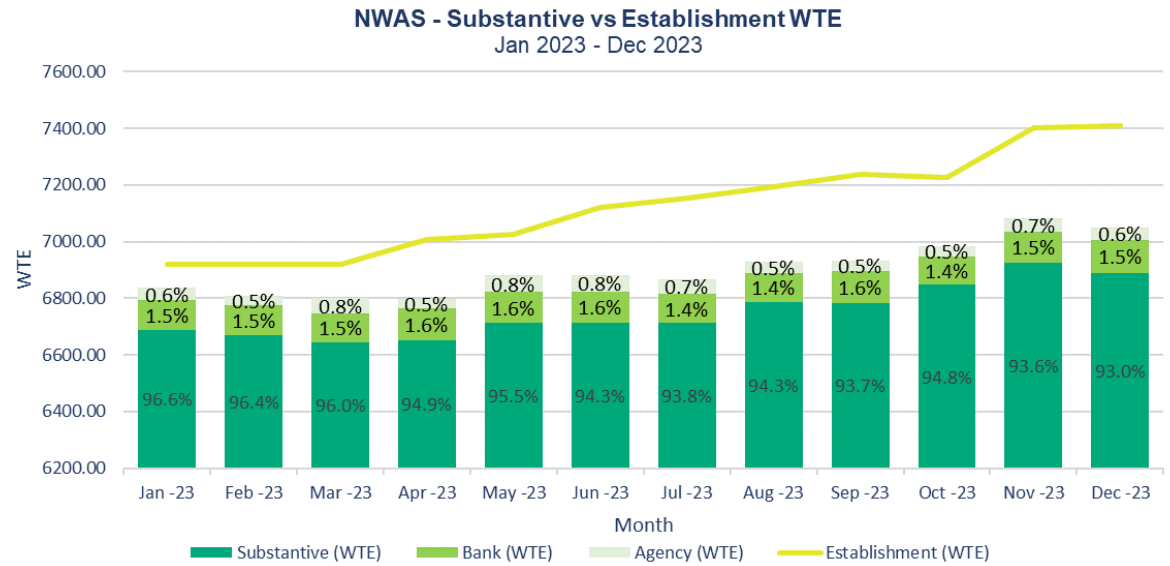


Figure OH4.2



OH5 VACANCY GAP

Figure OH5.1

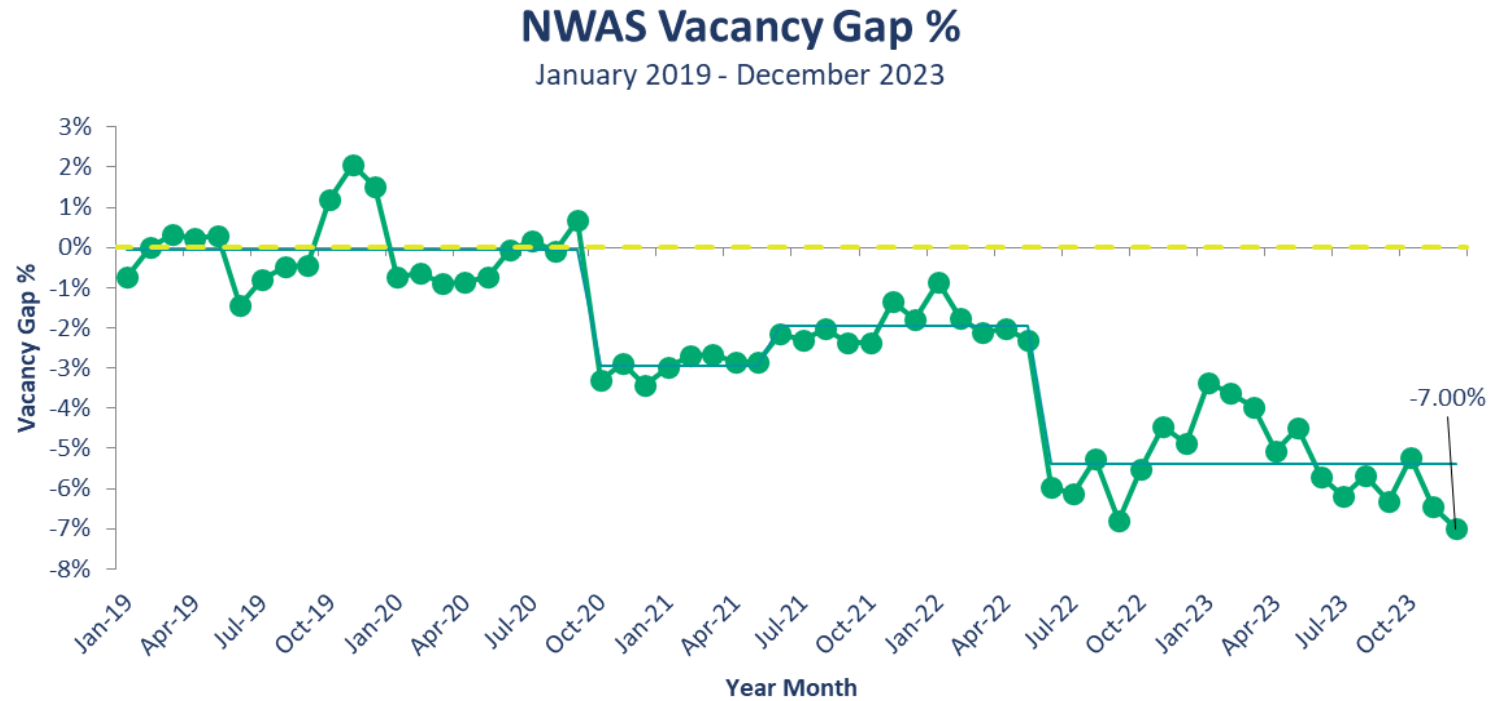


Table OH5.1

Vacancy Gap	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NWAS	-3.35%	-3.61%	-3.96%	-5.08%	-4.49%	-5.72%	-6.18%	-5.67%	-6.30%	-5.23%	-6.44%	-7.00%

Figure OH5.2

PTS Vacancy Gap %
January 2019 - December 2023



Figure OH5.3

PES Vacancy Gap %
January 2019 - December 2023

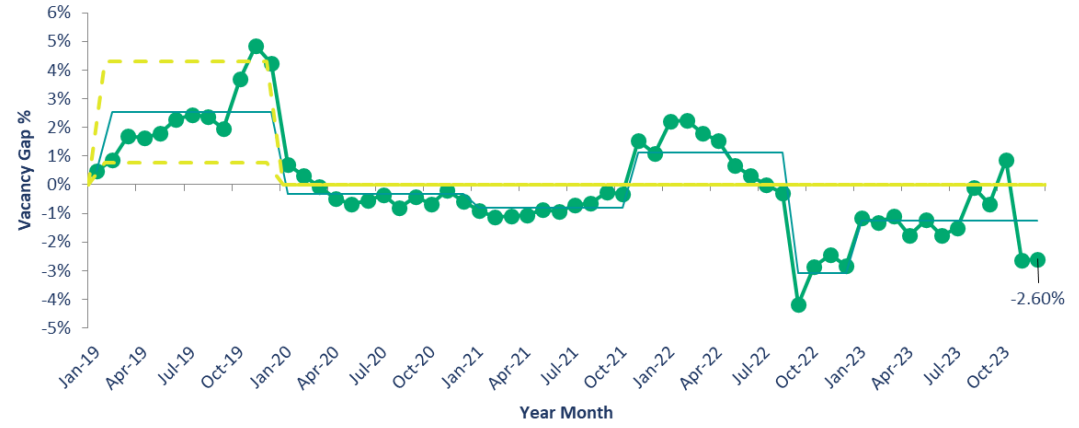


Figure OH5.4

EOC Vacancy Gap %
January 2019 - December 2023

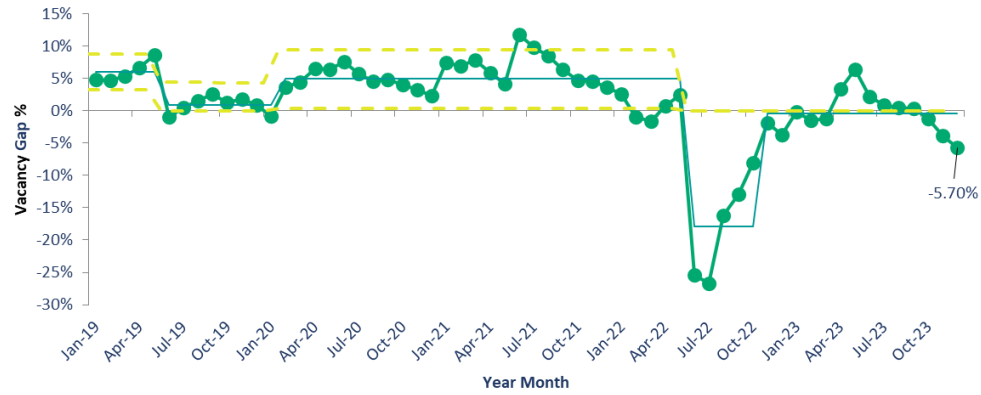
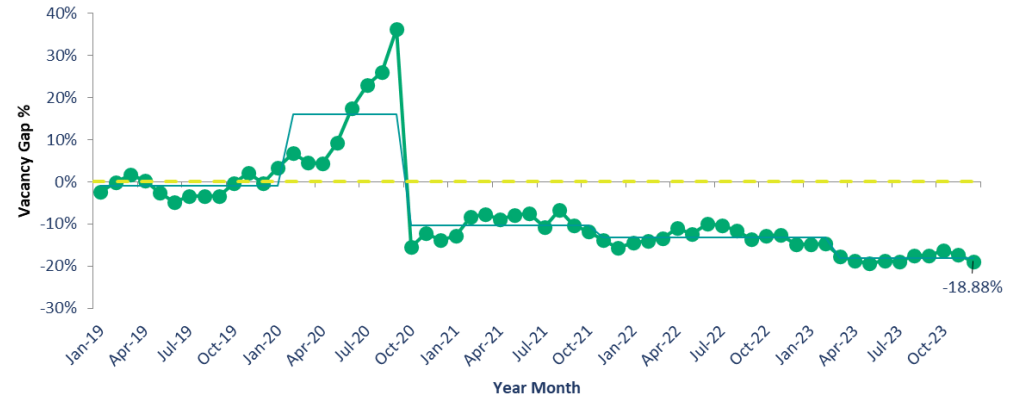


Figure OH5.5

111 Vacancy Gap %
January 2019 - December 2023



OH6 APPRAISALS

Figure OH6.1

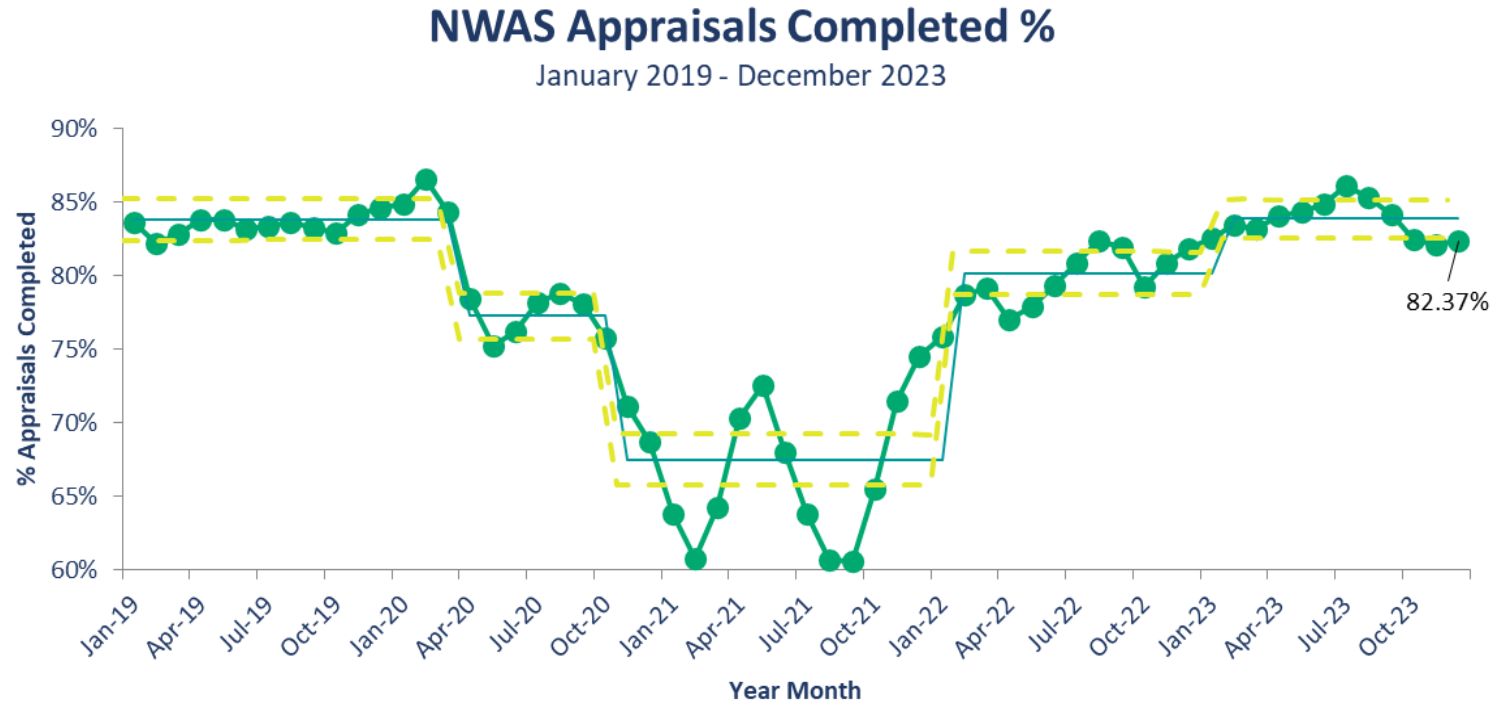


Table OH6.1

Appraisals	Jan-22	Feb-22	Mar-22	Apr-22	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NWAS	82%	83%	83%	84%	84%	85%	86%	85%	84%	82%	82%	82%

Figure OH6.2

PTS Appraisals Completed %

January 2019 - December 2023

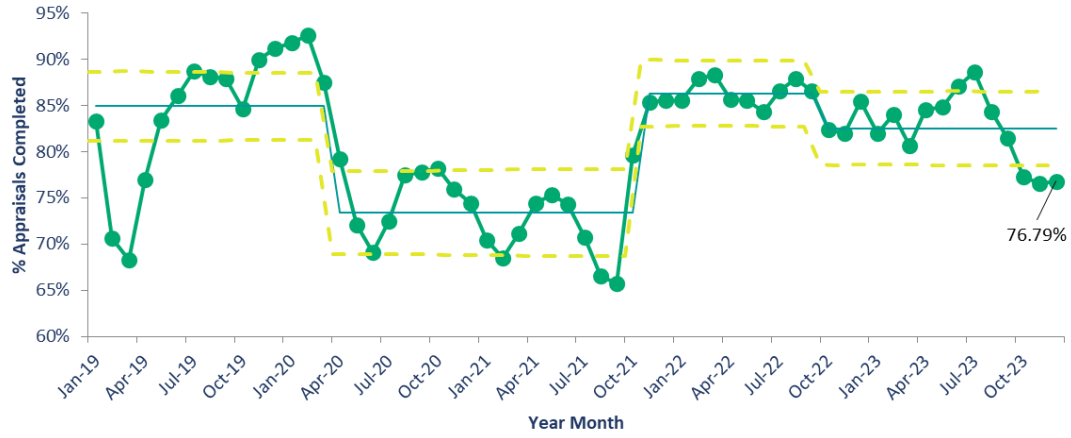


Figure OH6.3

PES Appraisals Completed %

January 2019 - December 2023



Figure OH6.4

EOC Appraisals Completed %

January 2019 - December 2023



Figure OH6.5

111 Appraisals Completed %

January 2019 - December 2023



OH7 MANDATORY TRAINING

Figure OH7.1

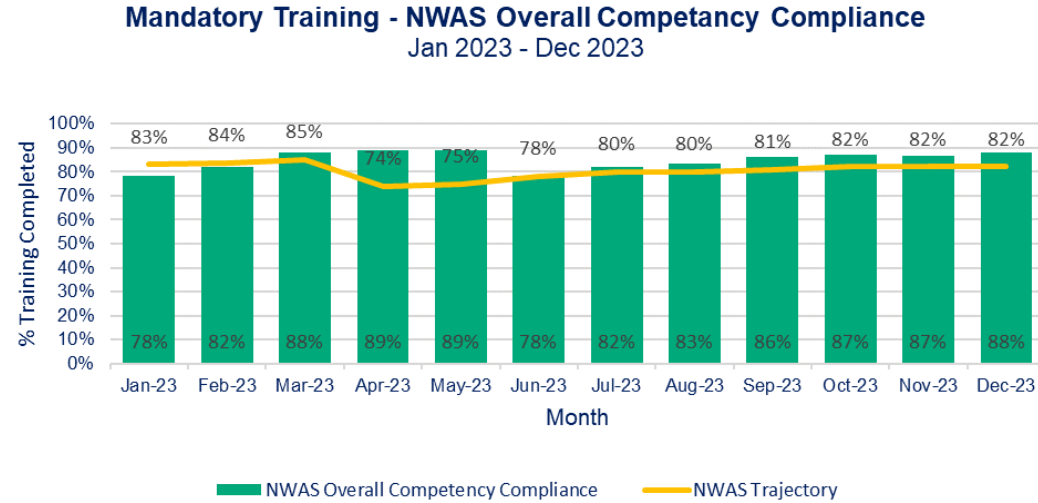


Figure OH7.2

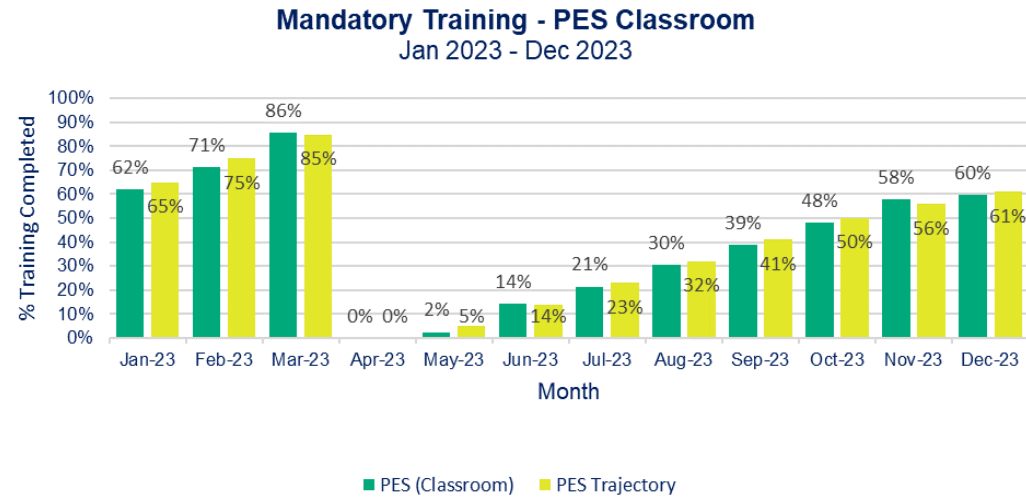


Figure OH7.3

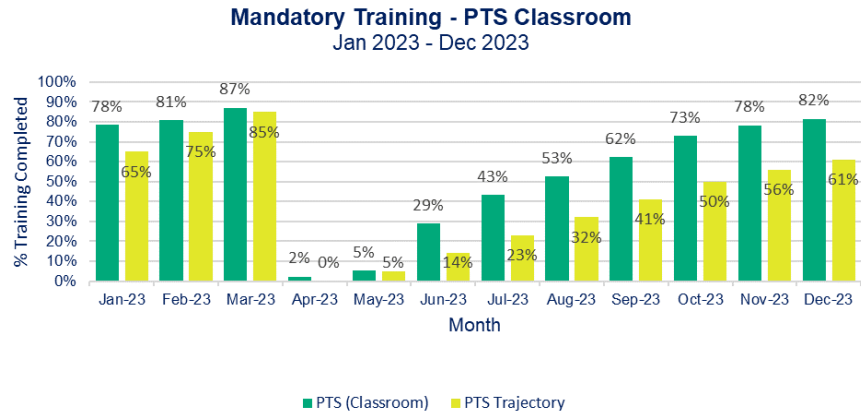


Figure OH7.4

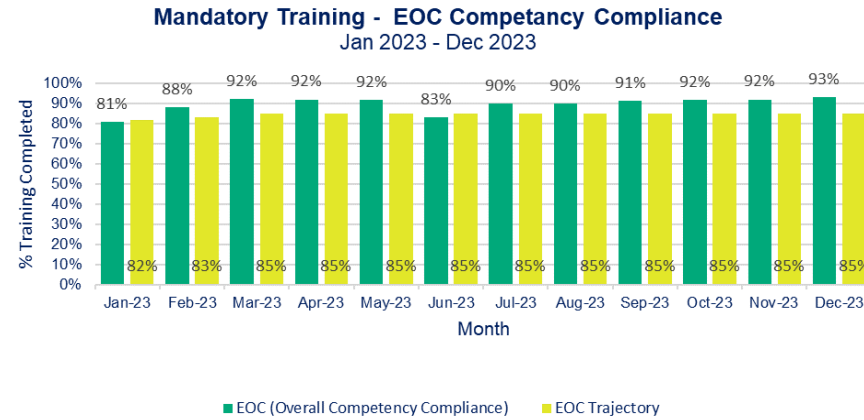


Figure OH7.5

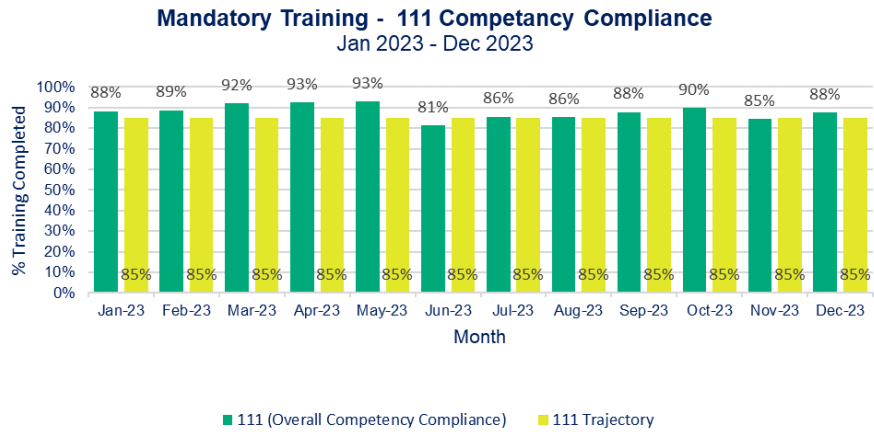
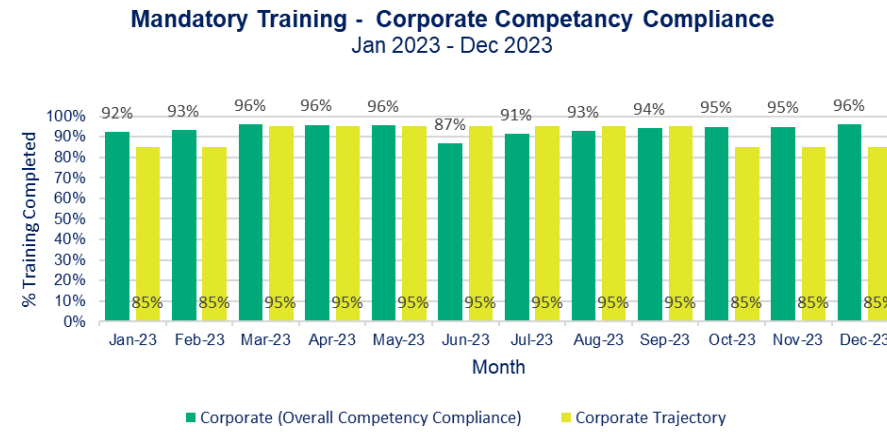


Figure OH7.6



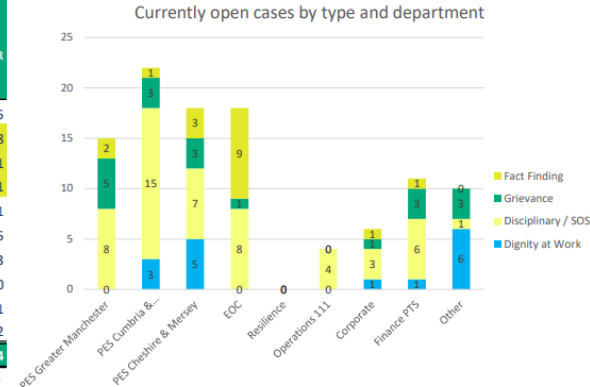
OH8 CASE MANAGEMENT

Figure OH8.1

Employee Relation Dashboard @22 December 2023. All information related to Dignity at work, Disciplinary, Fact Finding and Grievance cases only

NWAS Summary split by service line and sector					
Service Line	Number of Live cases	Prevalence Live cases (numbers per hundred staff)	Number of cases closed in last 12 months	Prevalence closed cases in last 12 months (numbers per hundred staff)	Average length of time (weeks) taken to close ER cases in last 12 months
Operations ~ PES	57.00	1.4	209.00	5.0	13.15
CAM PES	18.00	1.4	76.00	5.7	15.88
CAL PES	22.00	1.7	63.00	4.7	10.11
GM PES	15.00	1.0	70.00	4.8	12.91
Operations ~ EOC	18.00	1.5	67.00	5.7	8.41
Operations ~ 111	4.00	0.7	62.00	10.1	6.85
Operations ~ PTS	12.00	1.1	72.00	6.9	10.43
Operations ~ Resilience	0.00	0.0	1.00	0.7	0.00
Corporate	6.00	1.0	26.00	4.4	15.21
Other	10.00		69.00		12.32
NWAS Summary	107.00	1.4	506.00	6.6	11.34

Other * - This included a number of incidents with several staff members involved, making it impossible to attribute them to a certain sector.



Case Type Summary			
Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Dignity at Work	17	70	19.14
Disciplinary	52	101	20.33
Fact Finding	18	213	5.30
Grievance	20	122	9.96
Case Summary	107	506	11.34

Length of current live cases by case type				
Case Type	less than 3 months	more than 3 months	more than 6 months	more than 12 months
Dignity at Work	5	10	2	0
Grievance	13	5	2	0
Fact Finding	7	7	4	0
Disciplinary / SOSR	33	8	8	3
Case Total	58	30	16	3

Top 5 Reasons for opening Disciplinary cases in the past 12 months	
Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	19
Police Investigation	10
DIS - Appeal received ref: Dismissal	7
SOSR	7
Failure to follow reasonable management instructions/procedures	7
NWAS Summary	50

*table shows a rolling 12 months so can go down as well as up

Opened Vs Closed cases in the last 12 months





REPORT TO BOARD OF DIRECTORS

DATE:	31 January 2024				
SUBJECT:	Learning from Deaths - Summary Report and Dashboard Q2 2023/24				
PRESENTED BY:	Dr Chris Grant, Medical Director				
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR06	SR07	SR08	SR09	SR10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance				
EXECUTIVE SUMMARY:	<p>The Trust is required to publish on its public accounts a quarterly and then an annual summary of learning.</p> <p>The Q2 dashboard (Appendix A) describes the opportunities to learn from deaths. The main concerns raised internally and externally identified in DatixCloudIQ (DCIQ), were attributed the emergency response and treatment/management plan. Of the concerns closed, only one causal factor was identified by the investigator. This was in relation to care and treatment.</p> <p>The peer review process includes EOC, making the Trust fully compliant with the national framework. Key areas for improvement are:</p> <ul style="list-style-type: none"> • Making a clear management plan for the patient, including more detail in the patient assessment. • Making a referral to AVS/GP services when appropriate to do so. • Ensuring calls are triaged correctly using NHS Pathways <p>The quality of patient records has greatly improved this quarter, with only 13.3% of cases rated as 'poor' or 'very poor', compared to 46.7% in the previous quarter.</p> <p>The peer review also identified areas of good practice including:</p> <ul style="list-style-type: none"> • Patient centred decisions around frailty. • Handover to Out of hours General Practice (OOHGP) to facilitate care for end of life. • Clear documentation of holistic decision making. 				

	<ul style="list-style-type: none"> • There were two patient records that received a good rating for quality. <p>The panel continues to welcome observers to help raise awareness of the process and embed learning from the peer reviews.</p>
RECOMMENDATIONS:	<p>The Trust Board is recommended to:</p> <ul style="list-style-type: none"> • Approve the quarterly dashboard (Appendix A) as the report to be published on the Trust public account. • Note the areas identified for improvement. • Note the areas identified as good practice
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compliance/Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> People <input type="checkbox"/> Financial / Value for Money <input type="checkbox"/> Reputation <input type="checkbox"/> Innovation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	<ol style="list-style-type: none"> 1. Clinical Effectiveness Sub Committee 2. Quality and Performance Committee 			
	Date:	<ol style="list-style-type: none"> 1. 23/01/2024 2. 29/01/2024 		
	Outcome:	<ol style="list-style-type: none"> 1. Accepted 2. Accepted 		

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1. PURPOSE

- 1.1 The purpose of this report is to meet the requirements of the 'National guidance for ambulance trusts on Learning from Deaths: A framework for NHS ambulance trusts in England on identifying, reporting, reviewing and learning from deaths in care' as referenced in the trust Learning from Deaths policy.

Appendix A is a summary dashboard of the Q2 2023/24 Learning from Deaths review, and it is proposed this document is published on the Trust's public accounts by 31st January 2024 in accordance with the national framework and trust policy. The Q2 dashboard includes output from moderation panels held following the structured judgement reviews (SJRs) for Q2. Learning from the panels is discussed later in this paper.

2. BACKGROUND

- 2.1 Learning from Deaths is an integral part of informing and developing the safest possible systems for the delivery of care to our patients. NWAS must identify suboptimal care and support the identification of areas for improvement. The methodology is available on request from the Clinical Audit Team at Learning.FromDeaths@nwas.nhs.uk.

3. LEARNING FROM DEATHS COHORT SUMMARY

- 3.1 The number of patients whose deaths were identified as in scope for review was 59 (40 concerns raised in Datix and 19 sampled for SJR).

3.2 Deaths raised in DCIQ Discussion

The data regarding DCIQ concerns was last accessed on 04/10/2023. Please note that due to the complexity, the granular updates for the previous quarters will be received within other patient safety reports and the thematic analysis will be captured within the annual learning from deaths report.

The breakdown of concerns raised:

- 31 internal concerns were raised through the Incidents module (Events).
- 7 external concerns were raised through the Patient Experience module (Feedback).
- 2 concerns were raised both internally and externally.

3.2.1 Internal Concerns (N=31)

At time of writing 15 were reviewed and closed.

There was one case in which the investigation concluded the Trust had contributed in some way to that patient death.

3.2.2 **External Concerns (N=7)**

At time of writing: four are still in the early stages of review and so it is unknown at the time of writing if the care given was in line with best practice.

Three concerns have been closed and zero patient deaths had causal factors identified.

3.2.3 **Concerns raised internally and externally.**

Note these are different concerns from those referenced above. At time of writing, one has been closed, and zero patient deaths had causal factors identified.

3.2.4 **Outcomes from concerns raised.**

The outcomes and actions from outstanding concerns will be reported by the patient safety team once the investigations are complete. The themes identified from the closed concerns can be found in section 4 below.

3.3 **SJR Stage 1 Outcomes**

15 patient deaths were presented by reviewers and following the moderation panels the outcomes of the reviews were determined as described in the dashboard (Appendix A). 7 patients received appropriate care. The mid-range statement of 'adequate' practice is defined as the expected practices and procedures in compliance with guidance. Any practice identified as beyond expected practice is defined as 'good'. Any practice identified as not reaching expected practice is defined as 'poor'.

3.3.1 **SJR Stage 2 Outcomes**

Eight cases were identified as needing second stage review following Stage 1. The second stage review concluded that four deaths were not avoidable, and four cases were uncertain whether poor practice had led to harm. The care experienced by these patients in terms of call handing/categorisation/resource allocation, patient assessment and management plan were below expected levels.

3.3.2 **SJR & Concerns Learning Themes**

Detailed learning themes for concerns and SJRs can be found in the dashboard (Appendix A) and the Infographic (Appendix B). A summary of the themes includes:

EOC:

- Demand outstripped resources.
- Poor communication.
- Call not triaged correctly.

PES:

- Limited information regarding clinical assessment/examination.
- Lack of clear management plan.
- No referral to AVS/GP when appropriate to do so.

- No documentation of discussion with family members regarding patient's condition/DNAR/EoLC.
- Quality of EPR.

Appendix C holds the Q2 describes the log of actions taken by the panel following SJR moderation, and their current action status.

4. OUTCOME OF LEARNING THEMES

- 4.1 A commitment to disseminating and promoting good practice has been made by the Consultant Paramedic (Medical) through the area learning forums (ALFs) and individual frontline staff. The Q2 Learning from Deaths infographic (Appendix B) will be shared with the clinical leadership team.

The opportunities for improvement identified as general themes from the Datix review and more specifically from the SJR review will be taken to ALFs by the Consultant Paramedic, Medical on a bi-annual basis.

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

- 5.1 There are no legal implications associated with content of this report and the data gathered to produce the dashboard has been managed in accordance with the Data Protection Act 2018.

6. EQUALITY OR SUSTAINABILITY IMPACTS

- 6.1 No equality or sustainability implications have been raised as a concern from this report.

7. RECOMMENDATIONS

- 7.1 The Board is recommended to:

- Approve the quarterly dashboard (Appendix A) as the report to be published on the Trust public account.
- Note the areas identified for improvement.
- Note the areas identified as good practice.

NWAS Learning From Deaths Dashboard - Q2 of 2023 - 2024 (July - September)

Overall Dashboard Description: This is a systematic dashboard that is a combination of those outlined in the guidance as 'must review' and those in the specified sample. These are described in more detail in the data-splits below.

Total Number of Deaths in Scope (Sample Cohort and Datix Incidents)*	Total Number of Deaths Reviewed	% Deaths Reviewed	Total Number of Deaths where problems in care have contributed
Jul-23	17	70.6%	1
Aug-23	17	64.7%	3
Sep-23	25	44.0%	5
This Quarter	59	57.6%	9
This Financial Year	121	71	18

* Criteria as specified in the 'National guidance for ambulance trusts on Learning from Deaths' (2019) - Where concern raised on quality of care provided where the patient

Data source: An amalgamation of both the Datix cohort and the Sample cohort data sources detailed below.

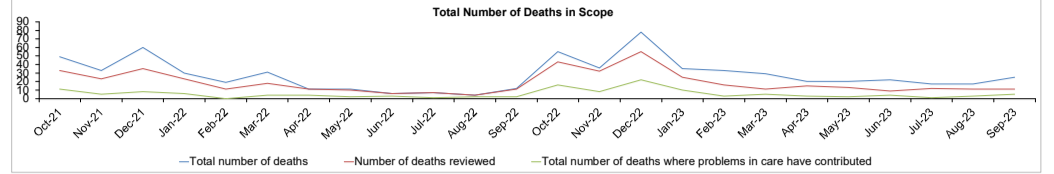


Figure 1

Those in scope must have died under the care of the ambulance service (from call handling to before handover concludes), after handover (if notified by other trusts of these) or within 24 hours of contacting the service and the decision was not to be conveyed to hospital. This report draws on learning from the previous quarter and remains an iterative process.

Concerns raised in Datix Breakdown

Datix Cohort Description: The 'must review' category includes incidents raised internally and externally to the organisation and recorded via Datix as 'deaths that occurred in our care where there has been a concern about the quality of care provided'. Records are included where death has occurred; the review is considered complete when the record is closed.

Total Datix Death Incidents in Scope	Risk grading		
	1 or 2	3	4 or 5
July	11	6	3
August	8	2	7
September	12	3	2
Total	31	11	14

Table 2

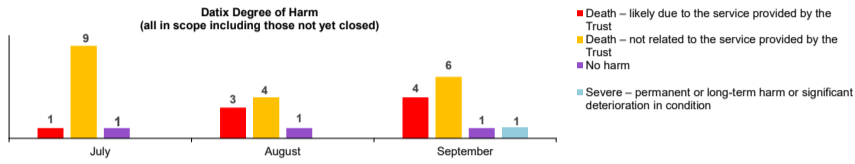


Figure 2

Internal Concerns - Incidents (including SIs)

Number of Deaths Closed on Datix	Of those closed, Number of Deaths likely due to the service provided by the Trust	Lessons Learned complete for those closed and Deaths likely due to the service provided by the Trust
July	8	0
August	5	1
September	2	0
Total	15	1

Table 3

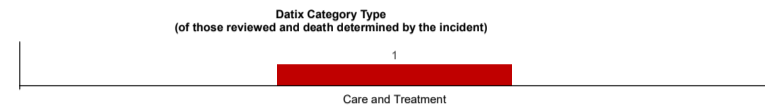


Figure 3

Number of Complaints	Incidents Closed on Pat. Exp.	Number closed and Deaths likely due to the service provided by the Trust
July	2	1
August	2	1
September	3	1
Total	7	3

Table 4

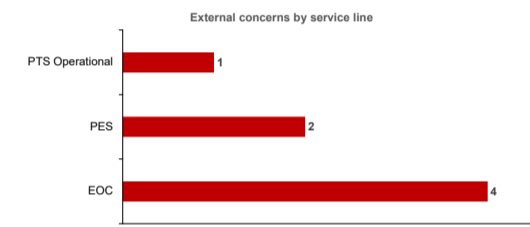


Figure 4

External Concerns

Department	Concern Raised	Cause and Actions	Total
EOC	Problem with call taking and/or response allocation	No causal factors; Not upheld; No actions	1
	Problem with call taking and/or response allocation (FT)	Demand outstripped resources; Not upheld; No actions	1
PES	Problem with call taking and/or response allocation (FT)	Poor communication; Staff feedback and/or reflection	1
	Problem related to treatment and management plan	Demand outstripped resources; No Action	1
PTS Operational	Problem with communication	Failure to recognise potential seriousness and complexity of condition; Not upheld; No actions	2
	Problem with communication	Poor communication; Not upheld; No actions	1

Table 5

Number of concerns that have been raised internally and externally	Incidents Closed on both modules	Number closed and Deaths likely due to the service provided by the Trust
July	1	1
August	0	0
September	1	0
Total	2	1

Table 6

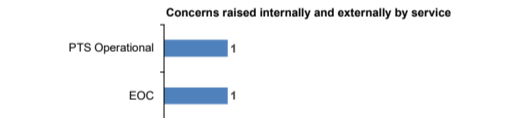


Figure 5

Data last exported 04/10/2023; Data last cleansed 22/11/2023

This is an outline of the deaths recorded on the Incidents module and/or Patient Experience module that fit the cohort. The information is provided from the reviews and associated documents

Structured Judgement Review Sample (SJR) Breakdown

Sample Data Description: A random sample of 40 incidents minimum using the specified criteria from the national guidance reviewed using the SJR process.

Incidents used for the Sample Criteria	Number of Deaths Reviewed	Total Number of Deaths where problems in care have contributed
July	2	2
August	5	5
September	8	8
Total	15	15

Table 8

Month	SJR Category Type		
	C1 and C2 Long waits	C3 and C4 Deaths	24 hr Re-contact Deaths
July	0	0	2
August	1	1	3
September	1	2	5
Total	2	3	10

Table 9

SJR Scoring Key:
Adequate: Care that is appropriate and meets expected standards
Poor/Very Poor: Care that is lacking and/or does not meet expected standards
Good/Very Good: Care that shows practice above and/or beyond expected standards
 Definitions taken from the National Quality Board, 'National Guidance for Ambulance Trusts on Learning from Deaths', July 2019

Initial Contact	SJR Element	1 or 2 - Poor or Very Poor	3 - Adequate (Appropriate)†	4 or 5 - Good or Very Good	% Patients receiving Adequate or Good Care
Right Time	Call Handling/Resource Allocation†	4	11	0	11/15 patients 73%
Right Care	Patient Assessment Rating	2	11	2	13/15 patients 87%
Right Place	Management Plan/Procedure Rating	3	11	1	12/15 patients 80%

Table 10

Recontact	SJR Element	1 or 2 - Poor or Very Poor	3 - Adequate (Appropriate)†	4 or 5 - Good or Very Good	% Patients receiving Adequate or Good Care
Right Time	Call Handling/Resource Allocation†	0	9	0	9/10 patients 90%
Right Care	Patient Assessment Rating	0	10	0	10/10 patients 100%
Right Place	Management Plan/Procedure Rating	0	10	0	10/10 patients 100%
Right Place	Patient Disposition Rating	0	10	0	10/10 patients 100%

Table 11

Structured Judgement Review Highlighted Learning Themes from Stage 1 (Review of 15 patients)

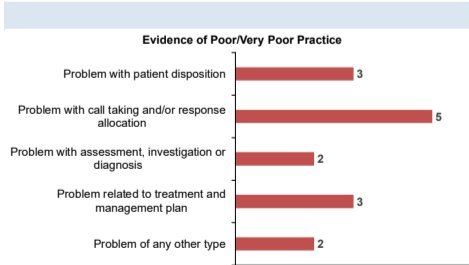


Figure 12

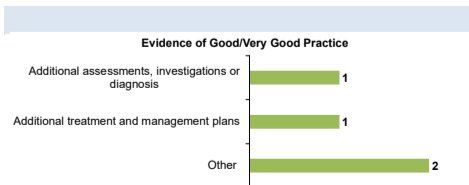


Figure 13

Data last accessed 22/11/2023

Department	Concern Raised	Cause and Actions	Total
EOC	Problem with call taking and/or response allocation (chest pain)	Demand outstripped resources; Still under review	1
PTS Operational	Problem with communication of handover	Poor communication; Not upheld; No actions	1

Table 7

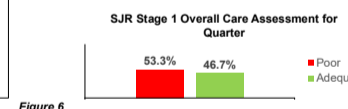


Figure 6

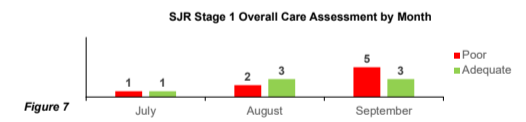


Figure 7

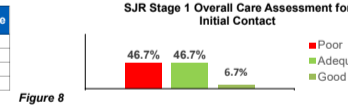


Figure 8



Figure 9

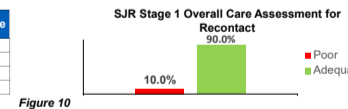


Figure 10

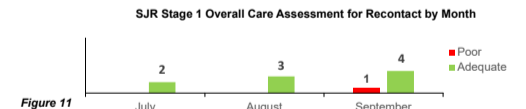


Figure 11

Department	Learning Theme	Learning Detail	Total
PES	Problem with assessment, investigation or diagnosis	Limited information recorded regarding clinical assessment, examination and outcome	2
	Problem related to treatment and management plan	Lack of clear management plan	1
	Problem of any other type	Prescription for anti-sickness medication collected from pharmacy instead of using own from drugs bag	1
EOC	Problem with patient disposition	Quality of EPR	2
	Problem with patient disposition	No discussion with family members regarding patient's condition/DNACPR/EoLC	1
CHUB	Problem with call taking and/or response allocation	No referral to AVS/GP/alternative providers when appropriate to do so	1
	Problem related to treatment and management plan	Call not triaged correctly	5
CHUB	Problem with patient disposition	Incorrect times-scales for vehicle attendance given	1
	Problem with patient disposition	Use of NWAS taxi not appropriate	1

Table 12

Department	Learning Theme	Learning Detail	Total
PES	Additional assessments, investigations or diagnosis	Patient centred decisions around frailty, comorbidities and history	1
	Additional treatment and management plans	Handover to OOHGP noted with reference to organising package of care for end of life	1
	Other	Holistic decision making reported	1
PES	Other	Quality of EPR	2

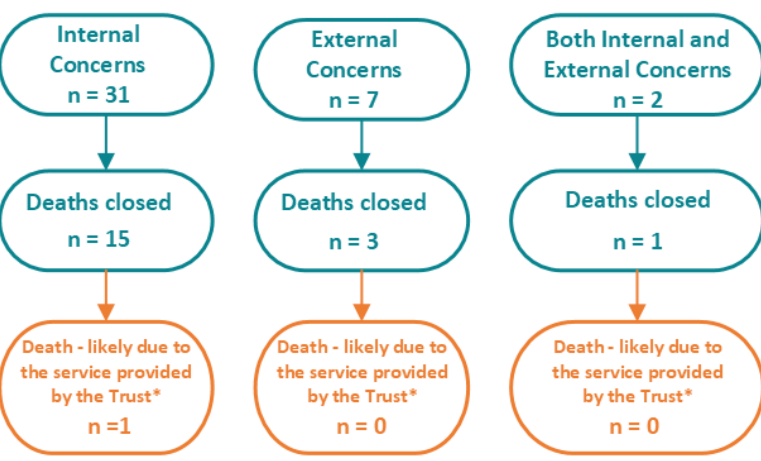
Table 13



NWAS LEARNING FROM DEATHS (LFD)

Q2 2023/24 Report

DEATHS WITH CONCERNS RAISED IN DATIX



*as classified by the Datix investigator

97.5%

had no causal factors identified

KEY LEARNING THEMES FROM CONCERNS

Emergency Operations Centre (EOC)

- Problem with call taking and/or response allocation - demand outstripped resources
- Problem with call taking and/or response allocation - poor communication

Paramedic Emergency Service (PES)

- Problem related to treatment and management plan

Patient Transport Service (PTS)

- Problem with communication

for more information on themes, full dashboard available on request

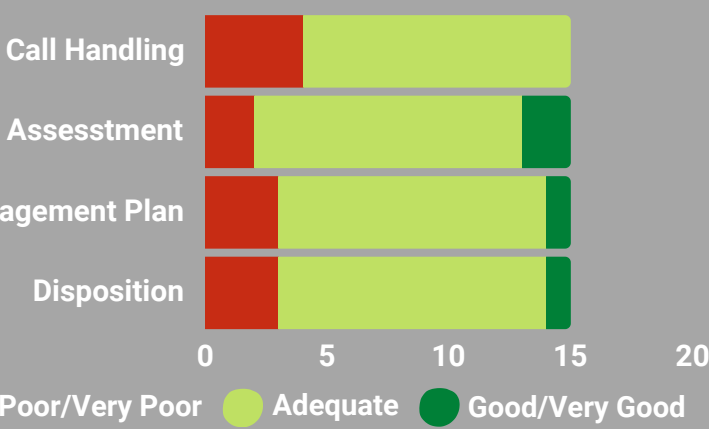
STRUCTURED JUDGEMENT REVIEW PHASES & OUTCOMES

- Call Handling/ Categorisation/ Resource Allocation
- Patient Assessment
- Management Plan/Procedure
- Patient Disposition

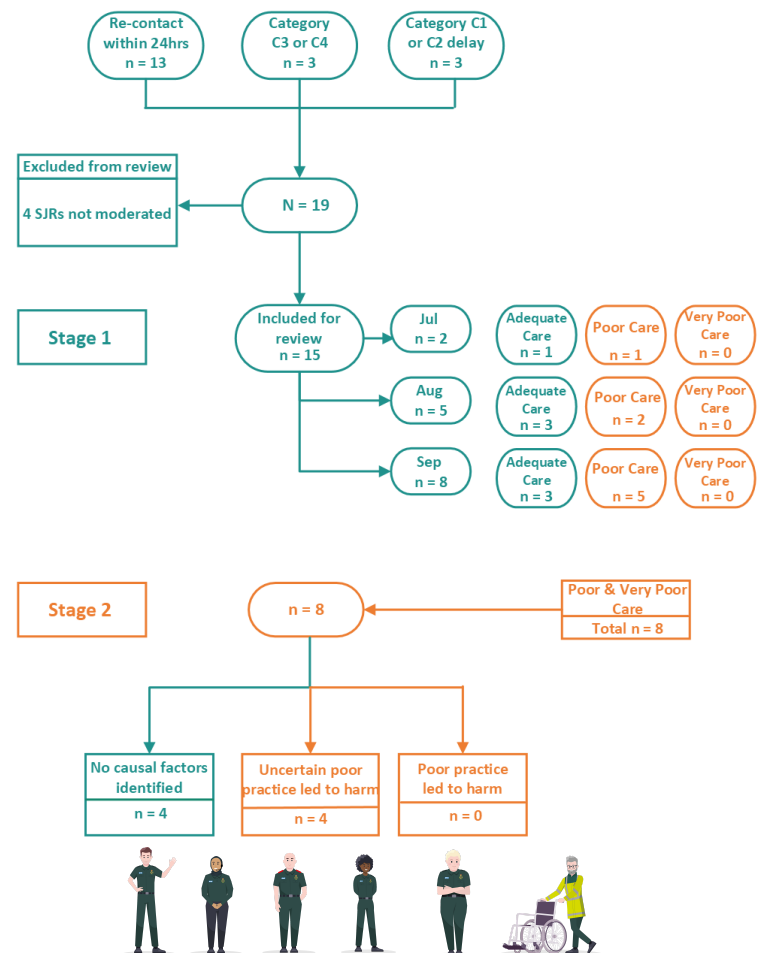
If any phase has a poor or very poor outcome, stage 2 is triggered to assess if it led to any harm in terms of assessment, medication, management plan, monitoring or resuscitation.

STAGE 1 - SJR OUTCOMES

53.3% of patients received appropriate care



SJR DEATHS



EVIDENCE OF GOOD PRACTICE

Additional assessments, investigations or diagnosis

- Patient centred decisions around frailty, comorbidities and history

Additional treatment and management plans

- Handover to OOHGP noted with reference to organising package of care for end of life
- Holistic decision making recorded

Other

- Quality of EPR (x2)

Acknowledging good care and practice - 2 letters sent out



SJR STAGE 2 THEMES

Problem in call taking and/or response allocation?

- Call not triaged correctly (x5)

Problem in assessment, investigation or diagnosis

- Limited information recorded regarding clinical assessment, examination and outcome

Problem relating to treatment and management plan

- Prescription for medication collected from pharmacy instead of using own from drugs bag
- Lack of clear management plan
- Incorrect timescales for vehicle attendance

Problem with patient disposition

- No referral to AVS/GP when appropriate to do so
- No discussion with family members regarding patient's condition/DNACPR/EoLC
- Use of NWAS taxi not appropriate

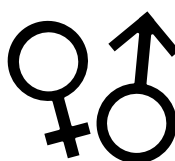
Problem of any other type

- Poor clinical documentation (x2)



SJR PATIENT DEMOGRAPHICS

47% Female



53% Male



More than 3/4 of patients ethnicity recorded as White (British)

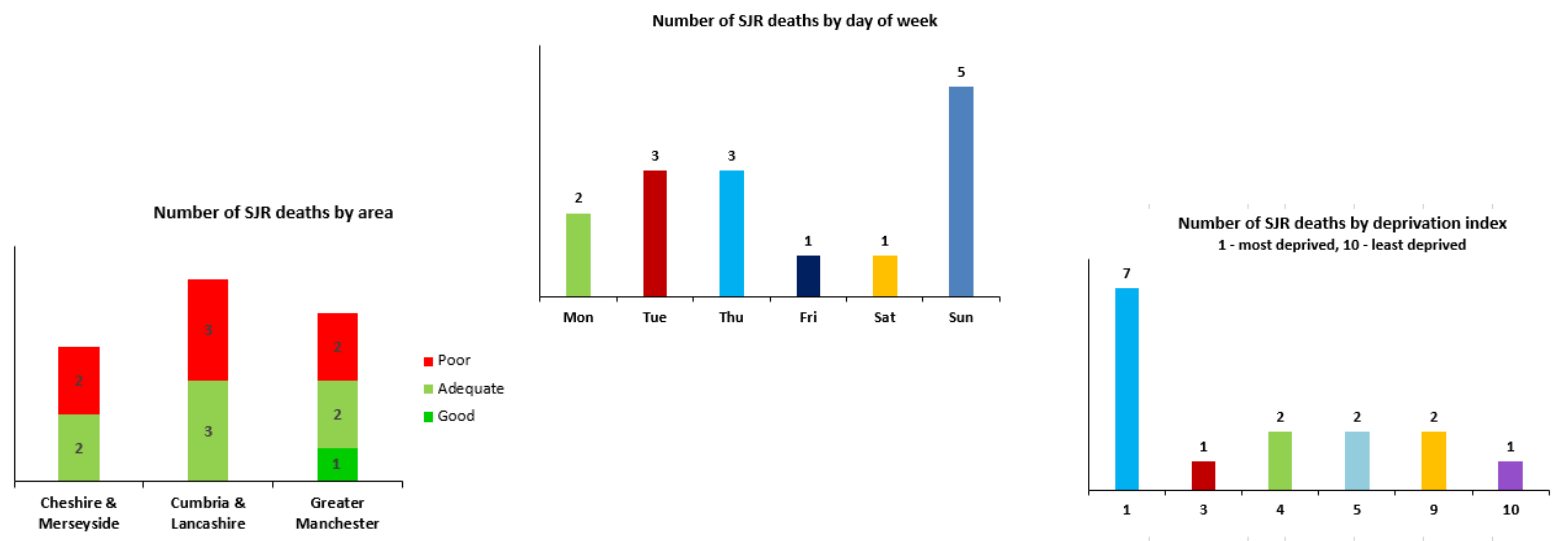
67% of the sample were over 65 years old



NWAS LEARNING FROM DEATHS (LFD)

Q2 2023/24 Report

SJR PATIENT DEMOGRAPHICS



SJR GENERAL LEARNING THEMES

PES LEARNING



- Query around Oxygen tanks being left on scene for patients who require it
- GP not notified when patient passes away at scene
- Family wishes regarding patient care not fully documented
- Asystole ECG strip not uploaded to media for DOA/TOR
- Crews advocating for patients best interest despite Doctor recommendations
- Crews using holistic decision making with palliative/EOL patients
- Good use of Clinical Hub/Critical Incident Hub for escalation and joint decision making

EOC LEARNING

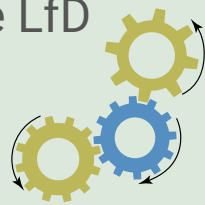
- Learning required for EMAs regarding presence of DNAR and how to triage down pathways
- Vehicles not always diverted away when calls are downgraded
- EMAs not recognising when patients are clearly deceased
- Good use of the Non-Clinical Advice Hunt by EMAs for complex calls

SJR ACTIONS

- AP to conduct local review and feedback to crew
- CP to speak to Acute Hospital regarding patient discharge
- Datix to be raised regarding skin tear caused by ECG dot
- AP to speak to OOHGP service re following correct pathways for EOL patients
- EMA to receive audit and feedback around call handling (x2)

IMPROVEMENTS

- To improve the quality of EPRs
- To improve the DCIQ learning from deaths module ready for 2024/2025
- To continue to embed Duty of Candour within the stage 2 discussions
- To refine reporting and perform a thematic analysis of the LfD dataset within DCIQ
- To explore how we can link our processes smoothly with PSIRF



PANEL DATES 2023/24

Open for all staff to attend

Period	Date
November 2023 December 2023	16th January 2024 13th February 2024
January 2024 February 2024 March 2024	12th March 2024 16th April 2024 TBC



More information contact:
Learning.FromDeaths@nwas.nhs.uk



REPORT TO BOARD OF DIRECTORS

DATE:	31 st January 2024				
SUBJECT:	Complaint Investigation Policy				
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs				
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR06	SR07	SR08	SR09	SR10
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Decision				
EXECUTIVE SUMMARY:	<p>Complaints Investigations has been an element of the Complaints, Incidents and Investigation Policy since 2021.</p> <p>Following a number of developments as detailed in s2, there was an opportunity to reconsider the previous policy arrangements and differentiate between the distinct elements.</p> <p>The newly developed Complaint Investigation Policy (Appendix 1) provides the overarching framework for handling concerns and complaints and alongside this policy will be a number of operating procedures.</p>				
RECOMMENDATIONS:	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> • Approve the Complaint Investigation Policy 				
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p><input checked="" type="checkbox"/> Compliance/Regulatory</p> <p><input checked="" type="checkbox"/> Quality Outcomes</p> <p><input type="checkbox"/> People</p> <p><input type="checkbox"/> Financial / Value for Money</p> <p><input type="checkbox"/> Reputation</p> <p><input type="checkbox"/> Innovation</p>				
INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 4 OF REPORT					
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 5 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>	
PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee				
	Date:	17 th January 2024			
	Outcome:	ELC Recommended to Board for approval.			

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1. PURPOSE

The purpose of the paper is to seek approval from the Board for the new NWS Complaint Investigation Policy, which is one of the matters reserved to the Board.

2. BACKGROUND

The management of complaints received by the Trust is currently covered within the Complaints, Incidents & Investigation Policy which was approved in January 2021.

Following the introduction of the new Patient Advisory & Liaison Service (PALS) team; the improvements made to the handling of concerns raised by our patients, their families or their carers, the introduction of the PHSO NHS Complaint Standards and the implementation of PSIRF with the supporting Policy and Plan, there was an opportunity to reconsider the previous policy arrangements and differentiate between the distinct elements.

The PSIRF Policy and Plan (approved by Board in September 2023) explains how patient safety incidents will be managed and investigated and how outcome learning and improvement will be implemented.

A new Incident and Near-Miss Policy which is due to be finalised in February 2024 will encompass the handling of non-clinical incidents across the Trust.

Finally, this newly developed Complaint Investigation Policy (see appendix 1) provides the overarching framework for handling concerns and complaints. Alongside this policy will be a number of operating procedures.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

In drafting this policy, consideration was given to:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- NHS Complaints Standards (December 2022)
- Parliamentary & Health Service Ombudsman Model complaint handling procedure for NHS Services in England (December 2022)

4. EQUALITY OR SUSTAINABILITY IMPACTS

The introduction of DCIQ and the Electronic Patient Record has started to improve the collation of data relating to patients which in turn will allow better reporting and understanding of the experience of our patients who belong to one of the protected groups. This analysis will start to be seen in future reports.

5. RECOMMENDATIONS

The Board of Directors is recommended to:

- Approve the Complaint Investigation Policy.



COMPLAINT INVESTIGATION POLICY

Policy on Complaints Investigation Policy		Page:	Page 1 of 12
Author:	Assistant Director Legal, Resolution & PALS	Version:	1.0
Date of Approval:	January 2024	Status:	Final
Date of Issue:	January 2024	Date of Review	January 2026

Recommended by	Director of Corporate Affairs
Approved by	Board of Directors
Approval date	January 2024
Version number	1.0
Review date	January 2026
Responsible Director	Director of Corporate Affairs
Responsible Manager (Sponsor)	Assistant Director Legal, Resolution and PALS
For use by	All our people

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

Policy on Complaints Investigation			age
Author:	Assistant Director Legal, Resolution & PALS		1.0
Date of Approval:	January 2024		FINAL
Date of Issue:	January 2024		January 2026

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
1	January 2024	January 2024	Assistant Director Legal, Resolution and PALS	New Complaints investigation Procedure.

Policy on Complaints Investigation			age
Author:	Assistant Director Legal, Resolution & PALS		1.0
Date of Approval:	January 2024		FINAL
Date of Issue:	January 2024		January 2026

COMPLAINT INVESTIGATION POLICY

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Roles and Responsibilities	Page 7
Implementation	Page 9
Monitoring and Reporting	Page 9

Policy on Complaints Investigation			age
Author:	Assistant Director Legal, Resolution & PALS		1.0
Date of Approval:	January 2024		FINAL
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1. INTRODUCTION

- 1.1 The North West Ambulance Service Trust (“the Trust”) is committed to providing high standards of care which is centred on its patients and service users. As part of this, the Trust welcomes all insights, including complaints and concerns, from its service users. Complaints and concerns provide the Trust with a valuable opportunity to review and reflect on its practices, implement changes and continuously improve delivery of care and the experience which our patients, and their families, receive.
- 1.2 It is important that those who raise a complaint or concern to feel that they have been listened to, that we have responded to their concerns and shown empathy and compassion in responding to their complaint.

2. PURPOSE

- 2.1 The Trust aims to resolve complaints and concerns fairly, honestly and in a way which encourages open and meaningful communication. Complaints and concerns will be handled in accordance with the Good Complaint Handling principles from the Parliamentary Health Service Ombudsman.
- 2.2 The Trust aims to resolve complaints and concerns as quickly and effectively as possible and will ensure that routes by which complaints can be raised are easily accessible and well publicised to service users irrespective of age, gender, disability, race, sexual orientation, religion/belief.
- 2.3 This policy sets out the roles and responsibilities of all colleagues in relation to complaints, concerns and comments. Implementation of this policy will ensure fair, open, proportionate and timely incident and investigation management.
- 2.4 The Trust will ensure that it complies with current legislation as set out in the Local Authority and National Health Service Complaints (England) Regulations 2009 (“the Regulations”) and guidance from the NHS Complaints Standards and Health Service Ombudsman (“PHSO”) when dealing with complaints.
- 2.5 Implementation of the policy will ensure: -
- That complaints and concerns will be investigated and responded to in a fair, honest and transparent manner identifying contributory factors together with systematic and individual learning.
 - That proportionate and timely investigations are undertaken by colleagues with the necessary skills and competence.
 - Those who raise concerns or complaints are listened to and treated with courtesy, compassion and empathy and are not disadvantaged because of having raised a complaint with us.
 - Complaints are investigated promptly, thoroughly, honestly and openly.
 - Those who raise complaints are kept informed of progress and the outcome of the investigation in a timely manner.
 - The production of high quality and compassionate complaint responses.

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- Those colleagues involved in the investigation are supported.
- That themes and trends from investigations and outcomes are identified and evaluated.
- That learning from complaints informs service development and improvement.
- Trust complaint handling complies with the applicable legislation, guidance and best practice.

3. SCOPE

- 3.1 This policy applies to complaints raised by our patients and service users in relation to the Trust's services, all individuals acting on behalf of the Trust including employees, volunteers, contractors, students, agency staff and those employed on honorary contracts.
- 3.2 This policy is not designed for staff to raise a complaint against another member of staff except where a member of staff is making a complaint as, or on behalf of, a patient about services provided by the Trust.
- 3.3 This policy is not intended to be used in relation to concerns raised by external organisations, such as other NHS Trusts. Such concerns are dealt with under the Reporting an Incident to NWS process.
- 3.4 All colleagues are required to follow this policy so that the Trust can ensure compliance, best practise and legal obligations to demonstrate that:
- Any service user of the Trust, their family, or members of the public are given the opportunity to seek advice, raise concerns and/or make a complaint about any of the services it provides.
 - Any individual who raises a complaint can expect to receive frequent updates and a high quality response in a timely manner
 - Lessons from complaints are identified and shared throughout the organisation to improve standards of care and prevent future harm/poor experience.
- 3.5 Adherence to the policy will ensure that complaints are investigated and managed in line with: -
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
 - The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
 - The NHS Constitution for England.
 - The Parliamentary and Health Service NHS Complaint Standards.

Who can make a complaint?

- 3.6 The Regulations provide that any person can make a complaint to the Trust if they have or are receiving care and services direct from our organisation. A person may also complain to us if they are not in direct receipt of our care or service but are affected, or likely to be affected by any action, in action or decision by our organisation.

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- 3.7 A complaint is defined as an expression of dissatisfaction about care or treatment or Trust services requiring a considered corporate response in line with the principles of Good Complaints Management set out by the Parliamentary Health Service Ombudsman. A concern is defined as a matter where immediate remedial action can be taken for early resolution.

Timescales for making a complaint.

- 3.8 Under the Regulations, a complaint must be raised no later than 12 months after: -
- The date on which the matter, which is the subject of the complaint, occurred; or
 - If later the date on which the matter which is the subject of the complaint came to the notice of the complainant.
- 3.9 In the event that a complaint is raised outside of this 12-month period the complaint may still be accepted and investigated if the Assistant Director Legal, Resolution and PALS (or a nominated Deputy) is satisfied that:
- There is a good reason for the complaint not having been brought within that time period; and
 - That it is still possible to investigate the complaint effectively and fairly.

Complaints which give rise to Duty of Candor

- 3.10 This policy ensures that complaints are investigated, managed and responded to in accordance with the applicable legislation and best practise. Where a complaint identifies that moderate or severe patient harm has occurred, Duty of Candor will be enacted. This policy should be read in conjunction with the Duty of Candor procedure for more guidance.

4. ROLES AND RESPONSIBILITIES

Trust Board

- 4.1 The Trust Board has the overall responsibility to ensure that complaints are taken seriously and that investigations are conducted to the standards identified in this policy and associated procedures. It will ensure that complaint handling, particularly the identification of learning is integrated within governance and risk management processes and systems for improving patient experience. It monitors and reviews Parliamentary and Health Service Ombudsman investigation, findings and outcomes.

Chief Executive

- 4.2 As the Accountable Officer, the Chief Executive is responsible for ensuring compliance with arrangements made in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and in particular, ensuring that action is taken, if necessary, in light of the outcome of a complaint.
- 4.3 The Chief Executive Officer, their deputy or a named delegate will review, approve and provide signatory to all formal complaint responses.

Director of Corporate Affairs

- 4.4 The Executive Director with the overall responsibility for the Resolution Team and the management of complaints and concerns raised with the Trust. Through the Assistant Director Legal, Resolution

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and PALS they will keep the Executive Leadership team and the Trust Board informed of any significant or high-profile complaints.

Assistant Director Legal, Resolution and PALS

4.5 The senior leader with the overall responsibility for complaints policy development, implementation, review and for managing the procedures for handling concerns and complaints in accordance with the Regulations.

4.6 They will ensure that:

- The complaints policy meets the requirements of the Regulations.
- Ensure that the Trust operates within the requirements of the Regulations and that there are systems and processes in place to provide assurance on these arrangements.
- The Trust meets performance standards in respect of complaints management.
- Recurring themes and learning arising from complaints are shared with the wider organisation to support improvement.
- A programme of training and education in complaints handling and early resolution is developed and implemented across the Trust.

Area Directors

4.7 Are responsible for ensuring that complaints within their operational area are investigated. They, or a nominated representative will be responsible for reviewing and approving investigation outcome responses.

Resolution and Patient Advisory Liaison Service (PALS) Team

4.8 The Resolution and PALS Team will:

- Ensure that all complaints and concerns are investigated and responded to, in accordance with this policy.
- Record all complaint and concern investigations on DCIQ.
- Keep and maintain the DCIQ record in accordance with the current data protection legislation and any other information security arrangements applied within the Trust.
- Keep the complainant informed as to the progress of the investigation.
- Provide a high quality response on the outcome of the investigation.
- Where the complaint involves more than one NHS provider, the Resolution and PALS Team will liaise with that provider and ensure that, so far as is practicable, a single coordinated response is provided to the complainant within an agreed timeframe.

All Trust Managers / Clinical Leads

4.8 Trust Managers and/or clinical leads, with support from the Resolution Team, are responsible for:

- Facilitating the investigation into the complaint.
- Establishing who has been involved and request statements/recollections from those involved as required.
- Reviewing patient records to establish facts/review care as required.
- Collate statements and ensure all issues have been responded to.
- Ensure all aspects of the complaint have been addressed.

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- Assess the severity of the complaint and whether the circumstances meet the criteria for investigation under the Patient Safety Incident Response Framework.
- Ensuring the investigation summary is returned to the Resolution Team within agreed timeframes.
- Ensuring all or any detailed actions are completed and that there is evidence of improvement as appropriate
- Providing immediate and on-going support to staff involved in a complaint.

All Staff and Volunteers

4.9 All staff, employees, volunteers and third-party providers have an obligation to: -

- Cooperate with any request to assist with an investigation.
- Be familiar with the principles of early resolution and what immediate actions can be taken to address any concern/complaint raised directly with them.
- Participate in any feedback or review process identified by an investigation into a complaint/concern.
- Implement any lessons identified, approved and agreed at the conclusion of an investigation into a complaint or concern.

5. IMPLEMENTATION

This document will be available on the Trust intranet and via the Green Room. It will be available to members of the public on request.

6. MONITORING AND REPORTING

The Trust will ensure that this Policy is reviewed every two years, as a minimum. When reviewing the policy, the Trust will consider:

- User feedback on the policy
- Experiences of staff and managers using the policy
- Reviewing the quality of learning
- Any external reviews or audits of the policy
- Newly published national guidance or evidence considered relevant.

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CHAIRS ASSURANCE REPORT

Quality & Performance Committee

Date of Meeting:	27 th November 2023	Chair:	Prof A Esmail, Non-Executive Director
Quorate:	Yes	Executive Lead:	C Grant, Medical Director A Wetton, Director of Corporate Affairs M Power, Director of Quality, Innovation, and Improvement S Desai, Chief Operating Officer
Members Present:	Prof A Esmail Dr D Hanley Mr S Desai Mrs A Wetton Dr C Grant Dr M Power	Key Members Not Present:	Dr A Chambers, Non-Executive Director

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework (BAF)	<ul style="list-style-type: none"> Discussed SR01 and the challenges associated with the Electronic Patient 		

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
	Assured	No or minor impact on quality, operational, workforce or financial performance



	<p>Record and the Ambulance Quality Indicators.</p> <ul style="list-style-type: none"> Discussed SR03 and clarified the trajectories associated with UEC additional resource and the progress and developments underway. 	<ul style="list-style-type: none"> Gained assurance that BAF risks were being managed effectively. Discussed the ongoing challenges associated with SR01 and SR03. 	
Mental Health Thematic Review	<ul style="list-style-type: none"> Received a comprehensive thematic review report, which outlined the action taken by the trust in response to the 15 high risk incidents previously reported to the Committee. 	<ul style="list-style-type: none"> Recommended further discussion by the Board of Directors. 	
Integrated Performance Report	<ul style="list-style-type: none"> Received detailed insight into the work being undertaken to improve the performance position within the Cheshire and Mersey area. Discussed the significant challenges associated with hospital handovers and the action being taken to improve the position within the wider system. 	<ul style="list-style-type: none"> Received good assurance on the work being undertaken to improve the performance position in the Cheshire and Mersey area. Noted the ongoing challenges and hard work being undertaken to improve the hospital handover position. 	
Health, Safety, Security and Fire Assurance Report	<ul style="list-style-type: none"> Acknowledged the progress made in health, safety, security, and fire, which included fire standard changes from 1st October 2023, in response to the Grenfell tragedy. Noted a good recent HSE inspection visit in October with the stage 2 visit scheduled in 2024. Requested NEDs are briefed on the findings and areas of key focus. 	<ul style="list-style-type: none"> Noted the work undertaken and the assurance provided. 	

Key		
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Safeguarding biannual report	<ul style="list-style-type: none"> Received a comprehensive report on the work undertaken by the safeguarding team. Good assurance provided on the work completed and areas of learning identified. 	<ul style="list-style-type: none"> Noted the work undertaken by the team and the assurance provided. 	
IPC Board Assurance Framework	<ul style="list-style-type: none"> Noted the key areas of focus and actions to mitigate risk. 	<ul style="list-style-type: none"> Noted the IPC Board Assurance Framework and the assurance provided. 	
Clinical Audit Q2 Report	<ul style="list-style-type: none"> Local audits included hypoglycaemia and fever in under 5-year-olds, with useful charts to illustrate activity. Encouraged wide dissemination of the findings amongst teams, to provide learning. Qualified the position in relation to the Apex tool and noted the updates provided in the report. 	<ul style="list-style-type: none"> Noted the assurances provided. 	
Chairs Assurance Reports	<ul style="list-style-type: none"> Received Chairs Assurance Reports from the Clinical Effectiveness, Health, Safety, Security and Fire, IPC and Diversity and Inclusion Sub Committees. 	<ul style="list-style-type: none"> Noted the assurances received from the Sub Committees aligned to the Committee. 	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
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CHAIRS ASSURANCE REPORT

Resources Committee

Date of Meeting:	26 th January 2024	Chair:	Dr D Hanley, Non-Executive Director
Quorate:	Yes	Executive Lead:	Ms C Wood, Director of Finance
Members Present:	Dr D Hanley Mr D Rawsthorn Mrs C Butterworth Mr D Whatley Ms L Ward Mr S Desai Mrs C Wood	Key Members Not Present:	-

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework	<ul style="list-style-type: none"> Discussed the strategic risks aligned to the Committee. 	<ul style="list-style-type: none"> Gained assurance that BAF risks were being managed effectively. 	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
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	<ul style="list-style-type: none"> Noted target risk scores and the actions outstanding for 2023/24. Discussed future factors associated with SR08 and digital risk. 		
Sickness Absence Management – Deep Dive	<ul style="list-style-type: none"> Received a deep dive report which outlined the work undertaken by the Attendance Improvement Teams (AITs) following investment made by trust, with direct measurable improvements. Good savings and cost benefits including working with management teams. Further assurance report on the learning outcomes, to be presented to the committee in January 2024. 	<ul style="list-style-type: none"> Welcomed the benefits achieved from the investment made into the trust’s Attendance Improvement Teams. Action: To receive a further assurance report in 12 months, to evidence the impact of the AITs on management practice. 	
Workforce Indicators Report	<ul style="list-style-type: none"> Discussed performance against workforce indicators. Noted some improvement required in appraisal compliance and the ongoing challenges related to vacancies. Some stabilisation in staff turnover and recovery in sickness rates. Further report on the learning from recent international recruitment processes to be presented to future meeting. 	<ul style="list-style-type: none"> Acknowledged the work undertaken to improve performance and manage ongoing challenges. Noted the ongoing vacancy position challenges. Action: To receive future report on the learning outcomes from the international recruitment processes. 	
Equality Delivery System (EDS) Assessment	<ul style="list-style-type: none"> Noted the EDS assessment, undertaken by NWS in response to 		

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	<p>NHS requirements; and discussed by the Board of Directors at a recent Board Development Session.</p> <ul style="list-style-type: none"> Confirmed confidence in process of rating and the assessment levels presented. Recognised the challenging timescales and the deadline for submission 28th February 2024. Acknowledged, that ELC to approve the submission prior to submission to NHS England. Noted further work to be completed on the assessment submission. Recommended sighting of the Domain 1 assessment submission by the Quality and Performance Committee in February. 	<ul style="list-style-type: none"> Noted the process applied to produce the Equality Delivery System Assessment. Recognised the challenge of timings of the submission to NHSE and further work to be completed on the assessment. Recommended presentation of the final Domain 1 assessment submission to Q&P Committee in February, prior to final submission, if timings will allow. 	
Strategic Workforce Sub Committee Chairs Assurance Report	<ul style="list-style-type: none"> Received assurances from the meeting held on 21st December 2023. 	<ul style="list-style-type: none"> Noted the assurances provided by the Strategic Workforce Sub Committee. 	
2023/24 Annual Plan – Q3 Assurance Report	<ul style="list-style-type: none"> Noted the progress made against annual plan objectives during the quarter. Clarified the position in relation to the mental health plan and the current position in terms of resource. 	<ul style="list-style-type: none"> Noted the updates and annual plan Q3 activity. Noted the significant risk associated to mental health resource and recommended continued monitoring of 	

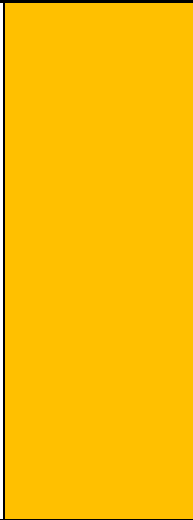




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	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
	Assured	No or minor impact on quality, operational, workforce or financial performance






	<ul style="list-style-type: none"> Recognised the risk, and risks associated to safety of mental health patients. Referred to a Q2 report presented to the Quality and Performance Committee and recommended future monitoring of patient risk. Chair to escalate the issue via Chairs Assurance Report to the Board of Directors. 	<p>the patent risk by the Quality and Performance Committee.</p> <ul style="list-style-type: none"> Issue to be escalated to Board of Directors. 	
Finance Report	<ul style="list-style-type: none"> Considered and acknowledged the current financial position for Month 09 2023/24. 	<ul style="list-style-type: none"> Noted the financial position and the updates provided. 	
Update on 2024/25 financial plans	<ul style="list-style-type: none"> Received a comprehensive update on the draft financial plans for 2024/25. Noted the challenges and the pressures within the wider system. Discussed and clarified contributory factors and the impact of hospital handover pressures on the trust's planning and performance position. Discussed the challenges of achieving efficiency savings and the potential impact on budgets. Committee to monitor the position and any potential future year impact, with future reports to continue to provide focus on the efficiency savings position. 	<ul style="list-style-type: none"> Noted the challenges and pressures for consideration by the trust. Further monitoring of risk associated with achievement of efficiency savings and the impact on budgets. Updates on the position to be included in future update reports. 	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
	Assured	No or minor impact on quality, operational, workforce or financial performance



<p>Capital Programme Update 2023/24 and 2024/25</p>	<ul style="list-style-type: none"> Received a detailed report on the current and 2024/25 capital programme position. Noted the changes to the reprofiling of 2023/24 schemes and impact on the 2024/25 capital programme. Acknowledged the impact of external factors, within the wider system, outside of the control of the organisation. Noted the work of the trust's Capital Management Group to prepare the final capital programme. Final position expected to be presented to the Board in March 2024. 	<ul style="list-style-type: none"> Acknowledged the capital programme update and the changes to the reprofiling of 2023/24 schemes. Gained moderate assurance due to the uncertainties attributed to external factors, outside of the trust's control. 	
<p>Contract Award MIS C3 Nexus Annual Support and Maintenance</p>	<ul style="list-style-type: none"> Received and approved the proposal for onward approval by the Board of Directors. 	<ul style="list-style-type: none"> Approved the contract award for onward approval by the Board of Directors on 31st January 2024. 	
<p>Paramedic Apprenticeship Contract Extension</p>	<ul style="list-style-type: none"> Received and approved the proposal for onward approval by the Board of Directors. 	<ul style="list-style-type: none"> Approved the contract extension for onward approval by the Board of Directors on 31st January 2024. 	
<p>Fleetwood Ambulance Station – disposal of site</p>	<ul style="list-style-type: none"> Received and approved the proposal for onward approval by the Board of Directors. 	<ul style="list-style-type: none"> Approved the proposal for onward approval by the Board of Directors on 31st January 2024. 	
<p>Thornton Ambulance Station – disposal of site</p>	<ul style="list-style-type: none"> Received and approved the proposal, for onward approval by the Board of Directors. 	<ul style="list-style-type: none"> Approved the proposal for onward approval by the Board of Directors on 31st January 2024. 	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
	Assured	No or minor impact on quality, operational, workforce or financial performance



Outline business case for the development of newly acquired Cumbria workshops	<ul style="list-style-type: none"> Received and approved the business case, for onward approval by the Board of Directors 	<ul style="list-style-type: none"> Approved the outline business case and supported the recommendations for onward approval by the Board of Directors on 31st January 2024. 	
Digital Update	<ul style="list-style-type: none"> Received a good update on digital activity undertaken since the last meeting. Despite the assurance provided, recognised the need for the committee non-executives to further understand the digital agenda. Separate digital briefings organised for members during Q4 2023/24. 	<ul style="list-style-type: none"> Noted the assurances provided in the digital update. Digital briefings organised for non-executive members of the Committee during Q4 2023/24 to improve understanding of the digital agenda. 	

Key		
Not Assured/ Limited Assurance	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
Moderate Assurance	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
Assured	Assured	No or minor impact on quality, operational, workforce or financial performance



REPORT TO BOARD OF DIRECTORS

DATE:	31 January 2024				
SUBJECT:	Communications and Engagement Team Dashboard Report – Q3 (Oct-Dec) 2023/24				
PRESENTED BY:	Salman Desai, Deputy Chief Executive and Chief Operating Officer				
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR06	SR07	SR08	SR09	SR10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Discussion				
EXECUTIVE SUMMARY:	<p>The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs, impact and associated highlights.</p> <p>The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy.</p> <p>New for this quarter - the 'making a difference' value icon is used on the dashboard to highlight key examples of how communications and engagement activity has made a positive difference to patients, staff or partner organisations.</p> <p>Aim 1 – Provide high quality, inclusive care Objective – Identify opportunities to improve clinical practice and patient experience.</p> <p>Statistical content and narrative provided to outline activity highlights that meet this aim and objective, including:</p> <ul style="list-style-type: none"> NWAS community listening events – a summary of the first two events, improvement themes identified and event feedback from attendees. Community events attended – we attended fewer events organised by partners and community groups in Q3, due to the seasonal nature of these and many more opportunities being available in spring and summer. Time and resource was instead focused on the delivery of the NWAS-led community listening events. Patient experience surveys – showing a continued improvement against the 'recommend service to friends and family' metric. 				

- Sharing the feedback - Patient experience and feedback from surveys and events is shared with senior managers to inform improvements. An example is feedback from a 2022 listening event which led to changes to the way we produce promotional materials – by removing any photos with faces on them, they can now be displayed in Mosques.
- Patient and Public Panel – latest panel membership figures and update on performance against objectives, along with planned actions to help improve our position against the targets.
- Examples of meaningful PPP involvement - for Q3, this is about how the panel has contributed to an EPR referrals pilot and shaped staff communication.

Aim 2 – Be a brilliant place to work for all

Objective – Improve the health, wellbeing and safety of our people

Statistical content and narrative provided to outline internal communications activity highlights that meet this aim and objective, including:

- Communications activity in support of the Disability, LGBT, Race Equality, Women’s and Armed Forces networks.
- A new approach to staff survey communications, using filmed staff messages to encourage uptake, resulting in the highest ever survey return rate.
- Film – the delivery of more than 30 films in-house this quarter to help tell the stories of our staff and patients.
- Flu vaccine communications activity, which has led to an increased uptake of the vaccination.
- 2 editions of the Better Health, Better You newsletter, which is steadily increasing in popularity, reaching more staff and proving to be a useful resource for sharing important health and wellbeing messages.
- Body worn video cameras (BWVC) communications activity, which led to an increase in the usage of BWVC, helping to protect staff from violence and aggression.

Aim 3 – Work together to shape a better future

Objectives – Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

Statistical content and narrative provided to outline communications activity highlights that meet this aim and objectives, including:

- An update on the winter campaign, which aims to support the delivery of a sustainable operational

model by helping to reduce non-emergency calls – this year the campaign has focused on messaging around falls, mental health and repeat prescriptions calls to 111.

- Early feedback (ahead of a comprehensive evaluation in Q4) which suggests a positive impact for staff, with operational colleagues feeling supported by the communications messages, and data showing a decrease in the number of 111 calls for repeat prescriptions.
- Press and public relations - proactive and reactive media activity to increase public awareness of the service and share public health messaging, in support of service delivery. In Q3, there was an increase in proactive activity in support of the winter campaign, with coverage being secured on national broadcast channels including BBC Breakfast, BBC news and regional radio.
- Social media activity – we continue to perform well in terms of steady audience growth and engagement rates across social media channels, which have a combined audience of 178,616 followers (including 1.5% audience growth in Q3).

The report also captures other areas of communications and engagement activity which cut across the three aims:

- Website and Green Room – we have seen a slight decrease in external website traffic when compared to Q2, this is because of high activity last quarter when the BBC Ambulance documentary aired. The Green Room has seen an increase in visitors with key areas, such as the HR Portal and bulletins, being the most popular pages, suggesting it continues to be a useful resource for staff.
- FOI figures – in Q3 we responded to 72 FOIs and are achieving the 20-working day response target 98% of the time, year-to-date.
- Stakeholder communications – correspondence with MPs and key stakeholders on priority topics including estates updates and performance. There was an increase in stakeholder activity in Q3, due to an increase in letters to and from MPs about topics such as hospital handovers and PTS bookings.
- Publications – details of our annual calendar, published to celebrate key religious holidays and awareness days, plus the latest figures on our Your Call magazine, which features inspirational staff and patient stories.

RECOMMENDATIONS:

The Board of Directors is asked to note the contents of this report and discuss the impact of its content.

CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compliance/Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> People <input type="checkbox"/> Financial / Value for Money <input type="checkbox"/> Reputation <input type="checkbox"/> Innovation
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INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:				
Date:				
Outcome:				

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1. PURPOSE

The purpose of this report is to provide the Board of Directors with a summary of key outputs, impact and associated highlights on the work of the combined Communications and Engagement Team for quarter three of the financial year 2023/24 (October-December 2023). It demonstrates how the activity of the team contributes to the strategic aims and objectives of the trust strategy.

In a new development for this quarter, the dashboard uses the 'making a difference' value icon to draw attention to key examples of how communications and engagement activity has made a positive difference to patients, staff or partner organisations.

2. BACKGROUND

The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy.

Aim 1 – Provide high quality, inclusive care

Objective – Identify opportunities to improve clinical practice and patient experience.

A summary of activity that meets this objective, including:

- 2 x NWAS community listening events – a summary of the first two events, improvement themes identified, and event feedback from the 100+ attendees.
- 8 x Community events attended – we attended 25 fewer events organised by partners and community groups in Q3, due to the seasonal nature of these and many more opportunities being available in spring and summer. Time and resource were instead focused on the delivery of the NWAS-led community listening events.
- Patient experience surveys – more than 13,000 surveys were sent and 1,000 returned, a slight decrease compared to Q2. The surveys showed:
 - 90% of respondents were likely to recommend the service to friends and family (a 1% increase from Q2).
 - 88% were very or fairly satisfied with the overall service they received (the same percentage as in Q2).
 - 92% agreed they were cared for with dignity, compassion and respect (a 1% decrease from Q2).
- 'Making a Difference' - Patient experience and feedback from surveys and events is shared with senior managers to inform improvements. An example is how the feedback from a 2022 listening event led to changes to the way we produce promotional materials – by removing any photos with faces on them, they can now be displayed in Mosques.

- Patient and Public Panel – latest panel membership figures and update on performance against objectives, along with planned actions to help improve our position against the targets. The panel is currently made up of 28% youth representatives, against a target of 30% for 2023/24, and at 26% against a target of 40% for representing ethnically diverse communities. The report expands on how the team is working on these targets, for example, by attending relevant, targeted community events and engaging with communities through the NWS community listening events.
- ‘Making a difference’ - An example of meaningful PPP involvement in Q3, where the panel has contributed to an EPR referrals pilot, given an insight to the patient perspective, and shaped subsequent communication with staff.

Aim 2 – Be a brilliant place to work for all

Objective – Improve the health, wellbeing and safety of our people.

A summary of communications activity that meets this aim and objective, including:

- Communications activity in support of the Disability, LGBT, Race Equality, Women’s and Armed Forces networks.
- ‘Making a Difference’ – how a new approach to staff survey communications, using filmed staff messages to encourage uptake, has resulted in the highest ever survey return rate of 3,400 responses.
- ‘Making a Difference’ – how the flu vaccine communications activity has led to a 4% increase in the uptake of the vaccination this year.
- ‘Making a Difference’ – 2 editions of Better Health, Better You newsletter, which is steadily increasing in popularity. It reached 3% more staff in Q3 (more than 3,000 readers this quarter in total) and proves to be a useful resource for sharing important health and wellbeing messages, demonstrated by more than 200 people clicking the links through to more support and information.
- ‘Making a Difference’ – how body worn video cameras (BWVC) communications activity led to a 10% increase in the usage of BWVC in the first month, helping to protect staff from violence and aggression.
- 80 bulletins issued to support staff in their duties, covering topics such as Project365 and PTS Contracts.
- 32 films completed and 8 underway to help tell the stories of our staff and patients, including New Year and Christmas messages to staff from the public, patients, a few famous faces, and the Chief Executive and Chair, to help boost morale over the festive period.

Aim 3 – Work together to shape a better future

Objectives – Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

A summary of communications activity that meets this aim and objectives, including:

- Our winter campaign, which aims to support the delivery of a sustainable operational model by helping to reduce non-emergency calls. Using data and insight, a regional approach to our winter campaign has been developed. In Greater Manchester, we are focusing on falls prevention, Cheshire and Merseyside on repeat prescriptions, and Cumbria and Lancashire on mental health.
- ‘Making a Difference’ - Early feedback for the winter campaign (ahead of a comprehensive evaluation in Q4) suggests a positive impact for staff, with operational colleagues feeling supported by the communications messages. Data shows a 25% decrease in the number of 111 calls for repeat prescriptions.
- Press and public relations - proactive and reactive media activity to increase public awareness of the service and share public health messaging, in support of service delivery. In Q3, there was an increase in proactive activity in support of the winter campaign – we issued 40 positive, proactive news stories and secured 13 positive broadcast interview opportunities.
- ‘Making a Difference’ - The sentiment of media reporting of NWS in Q3 was positive, and included coverage on national broadcast channels including BBC Breakfast, BBC news and regional radio. These opportunities help us to reach a wide audience with public health messaging, and reassurance that we’re there to help when people need us most, protecting the reputation of the trust and maintaining public confidence in the service.
- Incident response preparedness - In Q3, we began some work alongside Resilience to adopt recommendations that came from the recent NHS Core Standards review. This has involved identifying additional training needs and updating our Incident Response Communications Plan – for use by the team in a major incident.
- Social media activity – favouring a ‘quality over quantity’ approach, we continue to perform well in terms of steady audience growth and engagement rates across social media channels, which have a combined audience of 178,616 followers (including 1.5% audience growth in Q3). Our average engagement rate in Q3 was 6.1% - social media experts advise average engagement rates of up to 2.5% across platforms, making our engagement rate very high in comparison.
- ‘Making a Difference’ - Growing our social media audience, and ensuring it remains engaged, means we can reach a larger number of people with important health information and educational messages to support service delivery. In a major incident, our warning and informing messages will be more effective as they will reach a wider audience, which is engaged and more likely to share our posts.

The report also captures other areas of communications and engagement activity which cut across the three aims:

- Website and Green Room – we have seen a slight decrease in external website traffic when compared to Q2, this is because of high activity last quarter when the BBC Ambulance documentary aired. The Green Room has seen an 10% increase in users, with key areas, such as the HR Portal and bulletins, being the most popular pages, suggesting it continues to be a useful resource for staff.
- Further development work is lined up for Q4 - including evaluation workshops with staff to identify priorities/improvement areas for the Green Room, and ongoing accessibility work on the external website.
- FOI figures – in Q3 we responded to 72 FOIs and are achieving the 20-working day response target 98% of the time, year-to-date. Topics included number of call outs for various incidents, fleet information and longest wait times.
- Stakeholder communications – correspondence with MPs and key stakeholders on priority topics including estates updates and performance. There was an increase in stakeholder activity in Q3, due to an increase in letters to and from MPs about topics such as hospital handovers and PTS bookings. We also provided briefings for two overview and scrutiny committees and produced the ‘Winter Watch’ stakeholder briefing with monthly performance statistics.
- Publications – details of our annual calendar, published to celebrate key religious holidays and awareness days, plus the latest figures on our Your Call magazine, which features inspirational staff and patient stories. This edition has been read nearly 3,000 times so far.

LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust’s Risk Appetite Statement)*

All of the trust’s communication and engagement activities adhere to the following legislation:

- Freedom of Information Act 2000
- Health and Social Care Act 2006 (to involve and consult with patients and the public in the way it develops and designs services).
- Department of Health’s Code of Practice for promotion of NHS Services 2008.
- NHS England Patient and Public Participation Policy 2015 (listening to and involving communities, their representatives and others, in the way we plan and provide our services).

4. EQUALITY OR SUSTAINABILITY IMPACTS

All of the trust’s communications and engagement activities seek to promote equality and diversity and ensure information is accessible to all.

An accessibility work plan is being actioned within the team currently, which aims to improve accessibility for all – this includes improvements to the website and Green Room, changes to the way all trust information (including policies and procedures) is presented, how events are organised and delivered, and more.

5. RECOMMENDATIONS

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.

Communications and Engagement Dashboard

Q3 2023/24 (October, November, December)



All communications and engagement activity is planned and undertaken to support the aims of the trust strategy, and the accompanying strategic objectives. Our dashboard details examples of how we've achieved this in Q3 2023/2024, before summarising other highlights from our activity.

The 'making a difference' trust value icon is used throughout to highlight how our activity has a positive impact on staff, patients or partner organisations.



MAKING A DIFFERENCE.

Provide high quality, inclusive care

Objective:

Identify opportunities to improve clinical practice and patient experience

2 NWAS community listening events held

The first of five community listening events were held in Q3, in Lancashire and Merseyside.

More than **100** members of the public attended to learn more about our services and share their experiences.

Themes from patient feedback included:

- 111 Online is difficult to use for people who use British Sign Language.
- PTS accessibility could be improved for people whose first language is not English and for those who are deaf.
- Further education and engagement needed with the public to better understand the different roles within the service and how to use it appropriately.

Three more events are planned for Q4, after which a full evaluation will take place, but feedback from attendees so far is positive:

"They really listened to our concerns and problems and made us feel welcome. There were great opportunities to promote deaf issues"

8 other community events attended ▼ 25

We attended fewer events in Q3. This is partly due to the seasonal nature of events (with many more in spring and summer - in Q2 we attended 33 events), but also because we focused on the planning and delivery of NWAS-led sessions mentioned above.

Patient experience surveys

13,376 surveys sent **1,061** surveys returned ▼ **13%**

90% were likely to recommend the service to friends and family ▲ **1%**

88% were very or fairly satisfied with the overall service they received =

92% agreed they were cared for with dignity, compassion and respect ▼ **1%**

Feedback from surveys and events is shared with senior managers to inform improvements. An example being, as a result of feedback at a 2022 community listening event, we changed the format of our promotional materials – by removing any photos with faces on them, they can be displayed in Mosques, allowing us to reach a wider audience.

Patient and Public Panel (PPP)

40 new expressions of interest ▲ **33%**

23 new panel members **295** total panel members

3 new requests for panel involvement **20** involvement opportunities delivered

Areas of involvement included: attendance at learning forums, discussions around blood pressure data sharing, Sunflower Scheme awareness, remote verification of death procedure, and EPR Referrals.



During Q3, PPP members supported the Electronic Patient Record (EPR) referrals pilot. The project team wanted to gather feedback to understand what patients need to know and feel to ensure the success of the referrals. This helped shape communication with staff, to give them patient perspectives. One panel member, based on their experience of the pilot, mistakenly thought their own GP would call them in a certain scenario, so this was passed on to staff to ensure the process is made clear every time.

Performance against objectives

Increasing youth representation

2023/24 TARGET

30%

Q3 POSITION

28%

Representing ethnically diverse communities

2023/24 TARGET

40%

Q3 POSITION

26%

To progress against our recruitment targets, we have undertaken targeted activities. For example, we continue to attend university events to reach a younger demographic and a feature about a student and PPP volunteer was included in the latest edition of Your Call - the trust magazine.

Although still behind, we saw a big increase (8%) in our representation of ethnically diverse communities this quarter. This was thanks to our attendance at some key cultural engagement events. Our own community listening events have also supported PPP recruitment and with three scheduled for Q4, we anticipate further recruitment towards this target.

Be a brilliant place to work for all


Objective:

Improve the health, wellbeing and safety of our people

Network support

- Supported all networks by promoting events such as the Disability Network's reasonable adjustments forum, the Race Equality Network (REN) and Women's Network maternal health session, and the LGBT Network and REN collaboration on World Aids Day.
- Marked Remembrance Day by sharing photos from the events at NWAS sites and across the region.
- Re-designed the LGBT Network's logo based on feedback to include the trans colours.
- Produced suite of films, empowering staff to tell their stories of living with a hidden disability. These have been shown to the Board, in learning forums, to external audiences and in directorate away days to help raise awareness and reduce stigma. They also highlight the support available from the trust to help with any reasonable adjustments.

Staff survey

 Our communications activity in support of the staff survey has contributed to us achieving the highest ever staff survey return rate. 3,400 staff (nearly half our total workforce) completed the survey. This suggests an increase in the number of staff who feel sharing their feedback helps make NWAS a brilliant place to work.

For the first time this year, we used films featuring colleagues from across the trust, including some who are also involved in the trust networks, saying why they were filling in their staff survey and how it easy it is to complete. Film helps us to 'tell the story' and get across important messages. We know that communication from peers is received well, and considered more relatable.


Film

8 underway **32** completed **▲ 3%**

In addition to the staff survey films mentioned above, this quarter's activity also included films to support the winter campaign (how to access 111 online, how to prevent a fall at home, and repeat prescriptions information) and 'thank you' films to staff from the public, patients and a few famous faces! We also recorded a New Year and Christmas messages from the Chief Executive and Chair.

Flu vaccine

- Worked with HR and flu leads to encourage staff to get vaccinated.
- Used staff real-time feedback to form our key messages, as concerns and questions are raised.

 More staff (3,821) have already been vaccinated this year than last (3,659). **▲ 4%**
An improved uptake shows staff are responding to the communications and are conscious of protecting themselves and patients.

2 editions of 'Better Health, Better You'

a publication produced in collaboration with the staff wellbeing team. This quarter, editions covered menopause and disability awareness, and all featured real staff experiences.

On average, each month:

3,221 staff read the newsletter **▲ 3%**

242 people clicked on the links which take you to further support.



BHBY is consistently one of our most read email communications and the number of readers continues to steadily increase. This, coupled with the number of staff clicking the links to seek further support, demonstrates the newsletter is working as a source of health and wellbeing information.

Body worn video cameras (BWVC)

- A communications plan was created to support the trust-wide rollout of the BWVCs, which included staff sharing their feedback re violence and aggression incidents and training, a video from Paramedic and Unison Representative Jonathan Reading, updated posters and leaflets sent to all sites, a survey and other key messages, as well as letters sent to our key stakeholders.
- Currently exploring the option to use our own BWVC footage to announce the news externally that BWVCs are trust-wide and highlight the issue of violence and aggression against ambulance staff.



Within the first four weeks of the comms campaign, usage of the BWVC rose from 10% to 25%. As of w/c 8 Jan, usage is up to 41%.

The increased uptake shows staff are aware of the benefits of the cameras and are helping to protect themselves whilst also advocating the message that we will not stand for violence against our staff.

Internal bulletins

During this quarter, we shared:

10 CEO bulletins **8** Clinical bulletins **37** Operational bulletins

Plus **25** others including weekly bulletins, HR, and In Our Thoughts. **577** staff app downloads

Topics included:

- Data breach
- Project 365
- PTS Contracts
- Media coverage of LGBT+ rights.

Work together to shape a better future

Objectives: Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

Winter campaign

Our winter plan launched in October supporting operational demand. We used data to identify areas and messages of focus to warn and inform the public, as well as educate them on using our services wisely. Highlights include:

October –

- Relaunch of our Every Second Counts campaign, including a short film demonstrating the potential devastating consequences of holding up 999 lines for non-urgent calls.
- Radio adverts were commissioned across the region reiterating these messages and encouraging the use of 111.nhs.uk when it's not an emergency.
- A social media toolkit was created and shared with partner organisations for sharing on their own channels.

November –

- With a focus on falls prevention, we produced a short video highlighting hazards which was played to visitors of Manchester Arndale Shopping Centre over a two-day period as part of a community engagement event.
- Marketing materials were produced and we commissioned a newspaper advert in the Manchester Evening News to highlight the hazards. This helped us to reach a different demographic who may not engage with us through digital platforms.
- A press release with localised statistics on falls activity was issued, as well as a social media toolkit to partner organisations to help us share the key messages more widely.

December –

- Aiming to reduce the number of people contacting our 111 service for repeat prescriptions over the festive period, social media assets and a press release were published reminding people to order their prescriptions in advance and make use of the NHS app.
- This resulted in national media coverage. We provided interviews with BBC Breakfast, Hits Radio and local community radio station, Radio Clatterbridge.



January will see the campaign continue with a focus on mental health messaging, then a full evaluation will take place at the end of February. Initial feedback has been positive. Anecdotal comments show operations staff feel their needs are being supported and community groups have shown appreciation for the materials they have received. This, alongside our other community engagement tactics, has helped us reach a more diverse cross section of our population that we may not have reached through traditional channels.

We were pleased to see that statistics for December have shown a reduction in **2,473** calls to 111 for repeat prescriptions compared to the previous year - a **25%** reduction.

Press and public relations

Press office activity / output

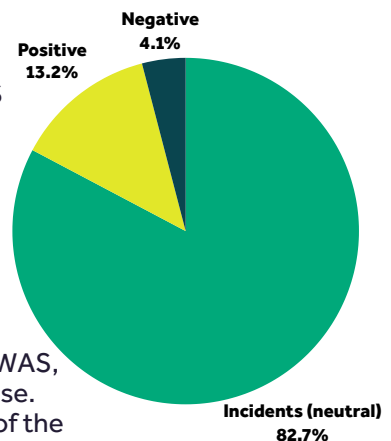
136	incident checks handled	▼	26%
16	statements prepared in response to media enquiries	▲	128%
13	positive broadcast media opportunities secured	▲	62%
40	proactive stories issued, against our target of 16	▲	150%

Resulting media coverage

To give us a picture of the representation of NWAS in the media, we log all news coverage available online. This will not include every mention in local publications or broadcast media, but allows us to see the sentiment of reporting relating to NWAS.

The majority is about incidents, including a mention of NWAS with details provided by our press office, which is factual and neutral in tone.

Negative coverage overall reflects negatively on NWAS, but usually includes a statement from us in response. Positive coverage usually comes as a direct result of the proactive press activity carried out by our press office that quarter.



All media activity is intended to increase awareness of the service and share public health messaging, in support of service delivery. Reactive activity also helps protect the reputation of the trust, and maintain public confidence in the service. Q3 was busy for press activity, with an increase in proactive stories issued and reactive statements prepared or interviews arranged.

This reflects the additional press activity to support the winter campaign messages. We provided interview opportunities to discuss our preparedness, messages connected to the festive party season and repeat prescriptions. As a result, we secure opportunities on BBC Breakfast, BBC News, and regional radio.

We also arranged media opportunities surrounding patient reunion stories, which netted not only good publicity for the trust but were also positive opportunities for staff to meet patients in better circumstances.

Incident response preparedness

In Q3, we began some work alongside Resilience to adopt recommendations that came from the recent NHS Core Standards review. This has involved identifying additional training needs and updating our Incident Response Communications Plan - for use by the team in a major incident. The team undertook loggist training with further sessions with Resilience booked for Q4.

Social media - Facebook, X (Twitter) and Instagram

Audience

f 84,535 Facebook likes
t 67,859 X (Twitter) followers
o 18,081 Instagram followers
in 8,141 LinkedIn followers

Engagement

602 posts published on all channels **▼ 17%**
4,931,802 impressions
299,529 engagements (comments, likes, retweets, shares etc)
6.1% engagement rate **▲ 1.7%**

Audience growth ▲ 1.5%

TOP POST What to do if you are driving and hear a siren/see blue lights - **36,219** engagements

TOP REEL Every second counts - winter campaign - **15,600** views

There were more posts in Q2 due to BBC Ambulance promotion. Despite fewer posts in Q3, our engagement rate has increased, meaning our content quality remains strong.



Growing our social media audience, and ensuring they remain engaged, means we can reach a larger number of people with important health information and educational messages to support service delivery. In a major incident, our warning and informing messages will be more effective as they will reach a wider audience, which is engaged and more likely to share our posts.

'Impressions' is the number of times our content may have been seen by a member of the public

'Engagements' is when someone engages with our content eg clicks a link, reacts to it by clicking 'like', or shares or retweets it

'Engagement rate' shows us the number of interactions our content receives per follower

According to industry experts, the average engagement rate is less than 0.5% for Facebook, 2.5% for X and 1.5% for Instagram, making our engagement extremely high

'Reels' are short, entertaining videos with audio tracks

WEBSITE

NOTES: A 'user' is a person who has an engaged session. An 'engaged session' is when a user is engaged for longer than 10 seconds, performs an action, or views at least 2 pages. This discounts visits where users immediately move onto another site.

128,923 users in Q3 **▼ 12%**

381,031 page views - meaning every person who visits our site views on average 3 pages **▼ 7%**

Most viewed

★ ★ ★ Vacancies (86,284 views)
 ★ ★ ★ Apprenticeships (19,248 views)

- We have seen a slight decrease in the users and views on the external website, which is because the BBC Ambulance documentary drove additional traffic to the site in Q2. Vacancies and apprenticeships are the most viewed pages, showing the site is the go-to place for new recruits.
- On the Green Room, we have seen an increase in users, with each viewing on average 10 pages, proving that it is a well-used tool for staff. The page which includes bulletins has been popular in Q3 – these are a vital way for staff to find information and for departments to communicate important messages or changes.
- Further development work - including evaluation workshops with staff to identify priorities/improvement areas for the Green Room, and ongoing accessibility work on the public-facing website - is planned for Q4.

FREEDOM OF INFORMATION (FOI)

72 responded to **▼ 19%**
98% compliance year-to-date against 20 working days target

Topics included:

- Number of call outs for various incidents (falls/events etc)
- Staff conduct
- Fleet info
- Longest wait times
- ICT systems

NOTES

We have a statutory duty to reply to FOIs within 20 working days. The national target is 90% for this and we set an internal stretch target of 95%.

PUBLICATIONS

We produced the 2024 calendar which features a wide, diverse range of staff and celebrates key religious holidays and awareness days. A digital version was made available and printed copies will be distributed to all sites in Q4. The calendar highlights our diverse workforce and celebrating key religious holidays shows we are an inclusive employer.

Your Call magazine was released in October. This edition:

- Included **13** stories covering covering Bonfire Night safety advice, BBC Ambulance special, interview with NAWA STAR Awards presenter Maya Ahmad on diversity and inclusion and many more.
- Has been read **2,834** times so far, with readers spending an average of **2 min 60 secs** browsing the edition.
- The most popular article to date has been the Bonfire Night warning and informing story with over **1,000** reads.

GREEN ROOM

18,730 users in Q3 **▲ 10%**

517,789 page views - meaning every person who visits our site views on average 10 pages **▲ 118%**

Most viewed

★ ★ ★ Managers on duty (27,439 views), HR Portal (15,453 views) and bulletins (14,450 views)

STAKEHOLDER COMMUNICATIONS

9 MP letters **▲ 125%** **3 stakeholder briefings**

Subjects include: hospital handovers and performance in Blackpool, falls services, personal costs for new paramedics, ex NAWA vehicles, PTS bookings.

Other stakeholder work included:

- Arranged attendance and supported presentations at 2 overview and scrutiny committees and a community forum
- Wrote 7 Letters for CEO/Deputy CEO
- Stakeholder briefings included Winter Watch, which contains monthly performance statistics from all services.